FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

* Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(1)

TALLAHASSEE RHF HOUSING, INC.														
Principal Place of Business Mailing Address														
1433 NO ADAMS STR C/O RETIRMENT HON TALLAHASSEE FL \$2303-5562 5150 E PACIFIC COA US LONG BCH CA 90604 US					ACIFIC COAST	HWY, STE 600				3. Date Incorporate		3a. Date	of Last Re	eport
]	06/17/198	3)5/14/19	96
2. 21	Principal P	lace of Busi	ness		2a. Malling Address					4. FEI Number 59-23140	57			plied For t Applicable
4.1	Sulte, Apt.	#, etc.			Sulte, Apt. #, etc.			$\neg \dashv$	5. Certificate of Stati			\$8.75		
22	01. 4 0. 1				27						····		Fee Re	`
23	City & State	& State			City & State			1	 Election Campaig Trust Fund Contril 	-		\$5.00		
	Zip	Country		Zip	4—————————————————					Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,				
24		25		29					Florida Statutes Yes 🔀 No					
9. Name and Address of Current Registered Agent							81	Name		10. Name and Addre	ss of New Reg	gistered Ag	ent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301							82 83 84	NRAI Street Ar 526 E City Tall	ddres Cast	cvices, Inc. ss (P.O. Box Number is t Park Avenue assee	9	FL	85 Zip (วา โ
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed of printed name of registered agent and tells if applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
*12	<u>.</u>	o.g. valore: type		ND DIRECTORS	(10	13.	o rigoni	· segments o		ADDITIONS/CHAN	GES TO OFFIC	ERS AND (DIRECTOR	S IN 12
Til	LE	D			DELETE	1.1 Ti	TLE		D			k	🖈 Change	Addition
W	ME SCISSON, BURKE						1.2 NAME		Her	nkle, April				
,			KYLAND DRIVE			1.3 \$1	TREET A	DDRESS	P.(o. Box 348 N/				
_	Y-ST-ZIP		HASSEE FL		KY DELETE		ITY-ST-	ZIP	Ta:	llahassee, F	L 32302		70	Addition
TIT	ME I	VD COWAS	DT MADIE		KX DELETE	2.1 10						L	Change	☐ Addition
	CET ADDRESS	COWART, MARIE CTR.GERONTOLOGY,F.S.U.					2.2 NAME 2.3 STREET ADDRESS							- {
	TALLAMASORE PL		•			2. 4 CITY-ST-ZIP								
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MANE MURPHY, JOHN J.S.					3.2 N	AME	Ī							
1	REET ADDRESS 410 VICTORY GARDEN DRIVE			IVE .		3.3 S	TREET A	DDRESS						
l "	TY-ST-ZIP	TALLA	HASSEE FL				CITY-ST	- ZIP					Change	Addition
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N	AME	ALTHO	LZ, JUDITH			4.2 h			Dra	ake, James				
s	TREET ADDRESS	203 E.	MERIDIANNA DR.					ODRESS	26	39 N. Monroe llahasee, FL	St., Su	ite 14	5B	
C	ITY-ST-ZIP		HASSEE FL		DELETE	4.4 C	ITY-ST	· ZIP	' <u>l'a</u>	Ilanases, FL	32303	·r	Change	Addition
T	TLE	PD				5.1 I						_	_ •	
N	AME	MONO	RIEF, LIZANNE			- 1		ADDRESS						
1	TREET ADDRESS	2111	GREAT OAKS DR.				ITY-ST	i i						
-	ITY-ST-ZIP		HASSEE FL		DELETE	6.1 7			•			E E	Change	Addition
	ITLE	SD	E, UNDA			6.2 N	IAME	-						
NAME STREET ADDRESS		KIKN	E PACIFIC COAST I	WY, STE 600			6.3 STREET ADDRESS							
•	101		RCH CA				ITY-ST		,		ericia, esta :	a		<u> </u>
CITY-S1-ZIP LONG BCH CA 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the Information Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Information Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.										der oath; that name				

ANTEN O | | Linda Listoe, Secretary 1/30/07562/597-5541

FILED Jun 24 1997 8:00am Secretary of State

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Florida Statutes, the undersigned corporations for sections for the following et al. (1997)	7.0502, 517.0502, 507.1508, or tion organized under the laws of t atement in order to change its rep	he State	of of		
or registered agent, or both, in the State		jistorou	OTTICE		
1a. The name of the corporation is:	Housing, Inc.				
1b. Date of incorporation: 6-17-83	Document number	768977 Br			
2. The name and address of the current The Prentice-Hall Corporation System	registered agent and office: m, Inc.		므		
1201 Hays Street, Suite 105, Tallah	assee, Fl 32301	97 J	SEC!		
The name and address of the new reg (P.O. Box Not Acceptable)	istered agent and office:	JIN 27	ANVEN S		
NRAI Services, Inc.		<u> </u>			
526 Bast Park Avenue, Tallahassee, Florida 32301		မှ <u>မှ</u>	35 22 50		
The street address of its registered agent of its registered agent as changed will be			fice		
Such change was authorized by resolution an officer so authorized by the board.	n duly adopted by its board of dire	ctors o	by		
Anda Destor	Linda Listoe, Secretary				
SIGNATURE	Typed or printed name and	title			
January 22. 1997					

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

FILING FEE: \$35.00