

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768977 (1)**  
 1. Corporation Name  
**TALLAHASSEE RHF HOUSING, INC.**



Principal Place of Business <b>1433 NO ADAMS STR                  TALLAHASSEE FL 32303-5562                  US</b>	Mailing Address <b>C/O RETIREMENT HOUSING FOUNDATION                  5150 E PACIFIC COAST HWY. STE 600                  LONG BCH CA 90804                  US</b>
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3. Date Incorporated or Qualified  
**06/17/1983**

4. FEI Number  
**59-2314057**

Applied For  
 Yes  Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country <b>25</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**NRAI SESRVCS, INC.  
 528 EAST PARK AVE.  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>HENKLE, APRIL</b>	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HENKLE, APRIL</b>	1.2 NAME	<b>Laverne R. Joseph</b>
STREET ADDRESS	<b>P.O. BOX 348 N/A</b>	1.3 STREET ADDRESS	<b>5150 E. Pacific Coast Hwy #600</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	<b>Long Beach, CA 90804-3312</b>
TITLE <b>D</b>	<b>MURPHY, JOHN J.S.</b>	2.1 TITLE <b>VP/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MURPHY, JOHN J.S.</b>	2.2 NAME	<b>Stephen J. Margetic</b>
STREET ADDRESS	<b>410 VICTORY GARDEN DRIVE</b>	2.3 STREET ADDRESS	<b>5150 E. Pacific Coast Hwy #600</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	<b>Long Beach, CA 90804-3312</b>
TITLE <b>D</b>	<b>DRAKE, JAMES</b>	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DRAKE, JAMES</b>	3.2 NAME	<b>Rex Chapman</b>
STREET ADDRESS	<b>2639 N. MONROE ST., STE. 145B</b>	3.3 STREET ADDRESS	<b>5150 E. Pacific Coast Hwy #600</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	<b>Long Beach, CA 90804-3312</b>
TITLE <b>PD</b>	<b>MONCRIEF, LIZANNE</b>	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MONCRIEF, LIZANNE</b>	4.2 NAME	<b>Jean Moore</b>
STREET ADDRESS	<b>2111 GREAT OAKS DR.</b>	4.3 STREET ADDRESS	<b>5150 E. Pacific Coast Hwy #600</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	<b>Long Beach, CA 90804-3312</b>
TITLE <b>SD</b>	<b>LISTOE, LINDA</b>	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LISTOE, LINDA</b>	5.2 NAME	<b>John Trnka</b>
STREET ADDRESS	<b>5150 E PACIFIC COAST HWY, STE 600</b>	5.3 STREET ADDRESS	<b>5150 E. Pacific Coast Hwy #600</b>
CITY-ST-ZIP	<b>LONG BCH CA</b>	5.4 CITY-ST-ZIP	<b>Long Beach, CA 90804-3312</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Laverne R. Joseph</b>	
1.3 STREET ADDRESS <b>5150 E. Pacific Coast Hwy #600</b>	
1.4 CITY-ST-ZIP <b>Long Beach, CA 90804-3312</b>	
2.1 TITLE <b>VP/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Stephen J. Margetic</b>	
2.3 STREET ADDRESS <b>5150 E. Pacific Coast Hwy #600</b>	
2.4 CITY-ST-ZIP <b>Long Beach, CA 90804-3312</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Rex Chapman</b>	
3.3 STREET ADDRESS <b>5150 E. Pacific Coast Hwy #600</b>	
3.4 CITY-ST-ZIP <b>Long Beach, CA 90804-3312</b>	
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5.3 STREET ADDRESS <b>5150 E. Pacific Coast Hwy #600</b>	
5.4 CITY-ST-ZIP <b>Long Beach, CA 90804-3312</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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.

**SIGNATURE:** *Linda Listoe* Linda Listoe, Secretary 562/597-5541

CR2E037 (10/97)