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**Apr 27, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 768977

1. Corporation Name  
**TALLAHASSEE RHF HOUSING, INC.**

Principal Place of Business: 1433 NO ADAMS STR, TALLAHASSEE FL 32303-5562, US  
 Mailing Address: C/O RETIREMENT HOUSING FOUNDATION, 5150 E PACIFIC COAST HWY, STE 600, LONG BCH CA 90804, US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/17/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2314057
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NRAI SESRVICES, INC. 526 EAST PARK AVE. TALLAHASSEE FL 32301	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, LAVERNE R	1.2 NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY #600	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA 90804-3312	1.4 CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGETIC, STEPHEN J	2.2 NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY #600	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA 90804-3312	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, REX	3.2 NAME	Donald W. King
STREET ADDRESS	5150 E PACIFIC COAST HWY #600	3.3 STREET ADDRESS	5150 E Pacific Coast Hwy #600
CITY-ST-ZIP	LONG BEACH CA 90804-3312	3.4 CITY-ST-ZIP	Long Beach, CA 90804-3312
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JEAN	4.2 NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY #600	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA 90804-3312	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISTOE, LINDA	5.2 NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY, STE 600	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BCH CA	5.4 CITY-ST-ZIP	Long Beach, CA 90804-3312
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRNKA, JOHN	6.2 NAME	
STREET ADDRESS	5150 E PACIFIC COAST HWY #600	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA 90804-3312	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, with all other like empowered.

SIGNATURE: *Linda Listoe* SIGNATURE REQUIRED: Linda Listoe, Secretary 4/22/99 (562) 597-5541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)