

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005474

**Entity Name:** DELAND RHF HOUSING, INC.

**Current Principal Place of Business:**

911 N STUDEBAKER RD  
LONG BEACH, CA 90815

**FILED**  
**Apr 21, 2022**  
**Secretary of State**  
**5239318196CC**

**Current Mailing Address:**

C/O RHF  
911 N. STUDEBAKER RD  
LONG BEACH, CA 90815 US

**FEI Number:** 91-2121492

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARTMAN, STUART  
Address        911 N STUDEBAKER RD  
City-State-Zip: LONG BEACH CA 90815

Title            VP  
Name            SEXTON, DARRYL M  
Address        911 N STUDEBAKER RD  
City-State-Zip: LONG BEACH CA 90815

Title            S  
Name            FOX BUCHAN, LAURA  
Address        911 N STUDEBAKER RD  
City-State-Zip: LONG BEACH CA 90815

Title            D  
Name            BAUMAN, JOHN  
Address        911 N STUDEBAKER RD  
City-State-Zip: LONG BEACH CA 90815

Title            TREASURER, DIRECTOR  
Name            HART, DONALD G.  
Address        911 N STUDEBAKER RD  
City-State-Zip: LONG BEACH CA 90815

Title            D  
Name            DESAEGHER, NORMA  
Address        911 N. STUDEBAKER ROAD  
City-State-Zip: LONG BEACH CA 90815

Title            DIRECTOR  
Name            EAST, RAYMOND  
Address        911 N. STUDEBAKER ROAD  
City-State-Zip: LONG BEACH CA 90815

Title            DIRECTOR  
Name            MOYER, DAVID S.  
Address        911 N STUDEBAKER RD  
City-State-Zip: LONG BEACH CA 90815

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURA FOX BUCHAN

**SECRETARY**

**04/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BUNN, ANDREW  
Address        911 N STUDEBAKER RD  
City-State-Zip: LONG BEACH CA 90815

Title           DIRECTOR  
Name           POLLOCK, R. JEFFREY  
Address        911 N STUDEBAKER RD  
City-State-Zip: LONG BEACH CA 90815