

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90396 015 ****61.25

DOCUMENT # N00000005474



1. Entity Name
DELAND RHF HOUSING, INC.

Principal Place of Business
**526 E PARK AVENUE
TALLAHASSEE FL 32310**

Mailing Address
**C/O RHF
911 N. STUEBAKER RD
LONG BEACH CA 90815-4900**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-2121492**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32310**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **JOSEPH, LAVERNE R**
STREET ADDRESS **911 N. STUEBAKER RD**
CITY-ST-ZIP **LONG BEACH CA 90815-4900**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **VD** Delete
NAME **KING, DONALD W**
STREET ADDRESS **911 N. STUEBAKER RD**
CITY-ST-ZIP **LONG BEACH CA 90815-4900**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **S** Delete
NAME **LISTOE, LINDA**
STREET ADDRESS **911 N. STUEBAKER RD**
CITY-ST-ZIP **LONG BEACH CA 90815-4900**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **DT** Delete
NAME **MASUDA, TOM S**
STREET ADDRESS **911 N. STUEBAKER RD**
CITY-ST-ZIP **LONG BEACH CA 90815-4900**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **MOORE, JEAN**
STREET ADDRESS **911 N. STUEBAKER RD**
CITY-ST-ZIP **LONG BEACH CA 90815-4900**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **TRNKA, JOHN E**
STREET ADDRESS **911 N. STUEBAKER RD**
CITY-ST-ZIP **LONG BEACH CA 90815-4900**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Listoe* **SIGNATURE REQUIRED** Linda Listoe *2/3/2003* -562-257-5100

CR2E037 (10/02)