


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90043 031 \*\*\*\*61.25

<b>DOCUMENT # N00000005474</b>	
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
---	--

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



01062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
91-2121492

Applied For
Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSEPH, LAVERNE R			NAME			
STREET ADDRESS	911 N. STUEBAKER RD			STREET ADDRESS			
CITY-ST-ZIP	LONG BEACH, CA 908154900			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, DONALD W			NAME			
STREET ADDRESS	911 N. STUEBAKER RD			STREET ADDRESS			
CITY-ST-ZIP	LONG BEACH, CA 908154900			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LISTOE, LINDA			NAME			
STREET ADDRESS	911 N. STUEBAKER RD			STREET ADDRESS			
CITY-ST-ZIP	LONG BEACH, CA 908154900			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASUDA, TOM S			NAME			
STREET ADDRESS	911 N. STUEBAKER RD			STREET ADDRESS			
CITY-ST-ZIP	LONG BEACH, CA 908154900			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOORE, JEAN			NAME	JOHN VON RUSTEN		
STREET ADDRESS	911 N. STUEBAKER RD			STREET ADDRESS	911 N. STUEBAKER RD		
CITY-ST-ZIP	LONG BEACH, CA 908154900			CITY-ST-ZIP	LONG BEACH, CA 908154900		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRNKA, JOHN E			NAME			
STREET ADDRESS	911 N. STUEBAKER RD			STREET ADDRESS			
CITY-ST-ZIP	LONG BEACH, CA 908154900			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 Linda Listoe, Secretary 2/2/2005 562 257-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #