
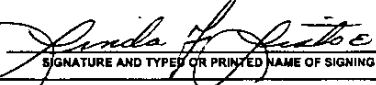


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90102 012 ****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	
2. Principal Place of Business		3. Mailing Address C/O RHF	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 911 N. STUEBAKER RD	
City & State		City & State LONG BEACH, CA	
Zip	Country	Zip	Country
90815-4900	USA	90815-4900	USA
03222006		Chg-NP CR2E037 (11/05)	
4. FEI Number 91-2121492		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, LAVERNE R 911 N. STUEBAKER RD LONG BEACH, CA 908154900 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, LAVERNE R 911 N. STUEBAKER RD LONG BEACH, CA 908154900 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, DONALD W 911 N. STUEBAKER RD LONG BEACH, CA 908154900 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISTOE, LINDA 911 N. STUEBAKER RD LONG BEACH, CA 908154900 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MASUDA, TOM S 911 N. STUEBAKER RD LONG BEACH, CA 908154900 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON RUSTEN, JOHN 911 N. STUEBAKER RD LONG BEACH, CA 908154900 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRNKA, JOHN E 911 N. STUEBAKER RD LONG BEACH, CA 908154900 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		04/06/2006	
		Daytime Phone #	
		(562) 257-5100	