


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90330 023 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 91-2121492	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	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 checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISTOE, LINDA		NAME	STOUFF, DEBORAH	
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	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	VON RUSTEN, JOHN		NAME	POTTER, CHRISTINA	
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 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: <i>Deborah J. Stouff</i>			Deborah J. Stouff		4/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		562/257-5314
					Daytime Phone #

40063994



04022007 Chg-NP CR2E037 (12/06)