

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214514116

1.) CORPORATION NAME:

RHA/HOUSING, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1852187**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1819 PEACHTREE ROAD, NE
SUITE 450

CITY/ST/ZIP: ATLANTA, GA 30309

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GORDON J SIMMONS OFFICER DIRECTOR
TITLE: EXE VP/COO
ADDRESS: 17 CHURCH STREET
CITY/ST/ZIP/CO: ASHEVILLE, NC 28801

NAME: JOHN R. WEST OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 1819 PEACHTREE ROAD, NE
SUITE 450
CITY/ST/ZIP/CO: ATLANTA, GA 30309

NAME: BRYANT G GOATS OFFICER DIRECTOR
TITLE: CEO
ADDRESS: 1819 PEACHTREE ROAD, NE
SUITE 450
CITY/ST/ZIP/CO: ATLANTA, GA 30309

NAME: CHARLES W NORTHCUTT III OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 100 CAMELLIA DRIVE
CITY/ST/ZIP/CO: DOTHAN, AL 36303

NAME: CHET H BRADEEN OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 1170 BAWDEN CIRCLE
CITY/ST/ZIP/CO: BROOKFIELD, WI 53045

NAME: TIM CARSSOW OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 938 LITTLE RIVER CAMPGROUND ROAD
CITY/ST/ZIP/CO: PISGHA FOREST, NC 28768

NAME: ALISON DRUMMOND TITLE: DIRECTOR ADDRESS: 3452 GREYSTONE COURT CITY/ST/ZIP/CO: MARIETTA, GA 30068	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES D LOFTIN JR TITLE: DIRECTOR ADDRESS: 110 ANA LEE DRIVE CITY/ST/ZIP/CO: DOTHAN, AL 36303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HOWARD OAKES TITLE: DIRECTOR ADDRESS: 1819 PEACHTREE ROAD, NE CITY/ST/ZIP/CO: SUITE 450 ATLANTA, GA 30309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM P. WALKER TITLE: DIRECTOR ADDRESS: 224 QUAIL LANE CITY/ST/ZIP/CO: DADEVILLE, GA 36853	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JOHN R. WEST SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN R. WEST, TREASURER PRINTED NAME AND CORPORATE TITLE	3/18/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		