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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51292

1. Corporation Name

VOLUNTEERS OF AMERICA COMMUNITY HOUSING AND DEVELOPMENT CORPORATION OF BROWARD, INC.

Principal Place of Business

402 REO STREET
TAMPA FL 33609

Mailing Address

402 REO STREET
TAMPA FL 33609



2. Principal Place of Business

21 Broward Supported Living Program
Suite, Apt. #, etc.

22 1001 N.W. 6th Ave. Unit #1
City & State

23 Ft. Lauderdale, FL

24 33060 25 Broward

2a. Mailing Address

26 Volunteers of America of Florida
Suite, Apt. #, etc.

27 402 N REO ST., Ste. 105
City & State

28 Tampa, FL

29 33609 30 Hillsborough

3. Date Incorporated or Qualified

10/13/1992

4. FEI Number

58-2030721

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROBBINS, R. JAMES, JR.
101 E. KENNEDY BLVD.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD DELETE
NAME RUYLE, JAMES
STREET ADDRESS 402 REO STREET, SUITE 105
CITY-ST-ZIP TAMPA FL

TITLE VC DELETE
NAME MORINA, MICHAEL
STREET ADDRESS 402 N. REO ST., STE. 105
CITY-ST-ZIP TAMPA FL

TITLE SD DELETE
NAME EBERHART, CATHY
STREET ADDRESS 402 REO ST., STE. 105
CITY-ST-ZIP TAMPA FL 33609

TITLE PD DELETE
NAME SPEARMAN, KATHRYN E
STREET ADDRESS 402 N REO ST., STE. 105
CITY-ST-ZIP TAMPA FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)