

FILED

Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 90315 042 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N51292

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



Principal Place of Business
605 SOUTH BOULEVARD
TAMPA FL 33606

Mailing Address
605 SOUTH BOULEVARD
TAMPA FL 33606

55647236

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number 58-2030721
Applied For Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ROBBINS, R. JAMES, JR.
101 E. KENNEDY BLVD.
TAMPA FL 33602

7. Name and Address of New Registered Agent
Name JENNEWAIN, JONATHAN P.
Street Address (P.O. Box Number is Not Acceptable)
101 E. KENNEDY BLVD.
City TAMPA FL Zip Code 33602

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 *[Signature]* DATE 4/29/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITLE NAME CD SKIPPER, JESSE L. STREET ADDRESS 402 REO STREET, SUITE 105 CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME PD SPEARMAN, KATHRYN E. STREET ADDRESS 402 N. REO ST., STE. 105 CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME SD EBERHART, CATHY STREET ADDRESS 402 REO ST., STE. 105 CITY-ST-ZIP TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME CHAIRMAN EBERHART, CATHY STREET ADDRESS 605 SOUTH BOULEVARD CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PRESIDENT SPEARMAN, KATHRYN E. STREET ADDRESS 605 SOUTH BOULEVARD CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SECRETARY SWINDELL, MERLYN STREET ADDRESS 605 SOUTH BOULEVARD CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* DATE 4/30/03 DAYTIME PHONE 813-2821525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)