

FILE NOW: FILING FEE IS \$61.25

FILED

May 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000272 (6)

1. Corporation Name

VOLUNTEERS OF AMERICA NORTH AND CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

402 REO STREET
TAMPA FL 33609

402 REO STREET
TAMPA FL 33609-1058

3. Date Incorporated or Qualified
11/13/1992

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
58-1856992

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBBINS, R J
101 E. KENNEDY BLVD.
TAMPA FL 33602

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE C/D Change Addition
1.2 NAME James Ruyle
1.3 STREET ADDRESS 402 N. Reo St., Ste. 105
1.4 CITY-ST-ZIP Tampa, FL 33609

TITLE CD DELETE
NAME GRUTCHFIELD, LEE A.
STREET ADDRESS 402 REO ST., STE. 105
CITY-ST-ZIP TAMPA FL

2.1 TITLE VC/S/D Change Addition
2.2 NAME Michael Morina
2.3 STREET ADDRESS 402 N. Reo St., Ste. 105
2.4 CITY-ST-ZIP Tampa, FL 33609

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

3.1 TITLE T/D Change Addition
3.2 NAME Katie Vath
3.3 STREET ADDRESS 402 N. Reo St., Ste. 105
3.4 CITY-ST-ZIP Tampa, FL 33609

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE P/D Change Addition
4.2 NAME Kathryn E. Spearman
4.3 STREET ADDRESS 402 N. Reo St., Ste. 105
4.4 CITY-ST-ZIP Tampa, FL 33609

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

Kathryn E. Spearman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date Daytime Phone # 0047592

CR2E037 (9/96)