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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N92000000272

1. Corporation Name

VOLUNTEERS OF AMERICA NORTH AND CENTRAL FLORIDA, 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 Volunteers of America of Florida

Suite, Apt. #, etc.

22 402 N. Reo St., Ste. 105

City & State

23 Tampa, FL

Zip

24 33609

Country

25 Hillsborough

2a. Mailing Address

26 Volunteers of America of Florida

Suite, Apt. #, etc.

27 402 N. Reo St., Ste. 105

City & State

28 Tampa, FL

Zip

29 33609

Country

30 Hillsborough

3. Date Incorporated or Qualified

11/13/1992

4. FEI Number

58-1856992

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 J  
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  DELETE

NAME  
CD  
RUYLE, JAMES  
STREET ADDRESS  
402 REO ST., STE. 105  
CITY-ST-ZIP  
TAMPA FL

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

NAME  
SD  
EBERHART, CATHY  
STREET ADDRESS  
402 REO ST, SUITE 105  
CITY-ST-ZIP  
TAMPA FL 33609

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 (11/98)