


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N92000000272**  
 1. Entity Name  
**VOLUNTEERS OF AMERICA OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**605 SOUTH BLVD**                      **605 SOUTH BLVD**  
**TAMPA, FL 33606**                      **TAMPA, FL 33606**



02202004 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**58-1856992**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**JENNEWEIN, JONATHAN P**  
**101 E KENNEDY BLVD**  
**TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

U00000128008  
 04/26/04-80021-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPEARMAN, KATHRYN E 605 SOUTH BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EBERHART, CATHY 605 SOUTH BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWINDELL, MERLYN 605 SOUTH BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Kathryn E Spearman*      4/21/04      813-282-1525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #