

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2006  
Secretary of State**

DOCUMENT# N92000000272

Entity Name: VOLUNTEERS OF AMERICA OF FLORIDA, INC.

**Current Principal Place of Business:**

1205 E. 8TH AVENUE  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

1205 E. 8TH AVENUE  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number: 58-1856992      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JENNEWEIN, JONATHAN P  
101 E KENNEDY BLVD  
TAMPA, FL 33602      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPEARMAN, KATHRYN E  
Address: 1205 E. 8TH AVENUE  
City-St-Zip: TAMPA, FL 33605

Title: CD ( ) Delete  
Name: TABANO, STEPHEN  
Address: 1205 E. 8TH AVENUE  
City-St-Zip: TAMPA, FL 33605

Title: SD ( ) Delete  
Name: CONDOSTA, DEBORAH  
Address: 1205 E. 8TH AVENUE  
City-St-Zip: TAMPA, FL 33605

Title: TD ( ) Delete  
Name: SHEPHERDSON, EDWIN  
Address: 1205 E. 8TH AVENUE  
City-St-Zip: TAMPA, FL 33605

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCD (X) Change ( ) Addition  
Name: SWINDELL, MERLYN  
Address: 1205 E. 8TH AVENUE  
City-St-Zip: TAMPA, FL 33605

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Change (X) Addition  
Name: ATKINS, ROBERT  
Address: 1205 E. 8TH AVENUE  
City-St-Zip: TAMPA, FL 33605

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN E SPEARMAN

PD

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date