

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004328

FILED
Apr 27, 2006
Secretary of State

Entity Name: VOLUNTEERS OF AMERICA OF MIAMI, 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: 72-1248954

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: SHEPERDSON, EDWIN
Address: 1205 E. 8TH AVENUE
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (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:

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