

FILED

Jun 09, 2003 8:00 am

Secretary of State

05-05-2003 90315 044 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # N93000004328

1. Entity Name

VOLUNTEERS OF AMERICA OF MIAMI, INC.



55647235

Principal Place of Business

606 SOUTH BLVD
TAMPA FL 33606
US

Mailing Address

606 SOUTH BLVD
TAMPA FL 33606
US

2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 72-1248954

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINES, R JAMES JR
101 E KENNEDY BLVD
TAMPA FL 33602

Name

JENNEWAIN, JONATHAN P.

Street Address (P.O. Box Number is Not Acceptable)

101 E. KENNEDY BLVD

City

TAMPA

FL

Zip Code 33602

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD
NAME: SKIPPER, JESSE L
STREET ADDRESS: 402 N. REO ST., STE. 105
CITY-ST-ZIP: TAMPA FL

TITLE: CHAIRMAN
NAME: EBERHART, CATHY
STREET ADDRESS: 605 SOUTH BOULEVARD
CITY-ST-ZIP: TAMPA, FL 33606

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

TITLE: PRESIDENT
NAME: SPEARMAN, KATHRYN E.
STREET ADDRESS: 605 SOUTH BOULEVARD
CITY-ST-ZIP: TAMPA, FL 33606

TITLE: SD
NAME: EBERHART, CATHY
STREET ADDRESS: 402 N REO ST., STE 105
CITY-ST-ZIP: TAMPA FL 33609

TITLE: SECRETARY
NAME: SWINDELL, MERLYN
STREET ADDRESS: 605 SOUTH BOULEVARD
CITY-ST-ZIP: TAMPA, FL 33606

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

DATE

813 282 1525

DAYTIME PHONE #

CR2E037 (10/02)