

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90014 012 ****70.00

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1. Entity Name

WORKFORCE HOUSING VENTURES, INC.



Principal Place of Business

37235 ORANGE VALLEY LN
#1
DADE CITY FL 33525
US

Mailing Address

P.O BOX 948
DADE CITY FL 33526
US



2. Principal Place of Business, No P.O. Box #

36739 State Road 52

Suite, Apt. #, etc.

Dade City

City & State

FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

USA

Country

4. FEI Number

59-3333830

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLBERG, VIRGINIA L
37235 ORANGE VALLEY LN
#1
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

Jim Caldwell

Street Address (P.O. Box Number if Not Applicable)

36739 State Road 52

City

Dade City

City

FL

FL

Zip Code

33525

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

Jim Caldwell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE PD
NAME MORRILL, PENELOPE ☐ Delete
STREET ADDRESS 37314 MERIDIAN AVE
CITY- ST- ZIP DADE CITY FL 33525

TITLE VPD
NAME CUMBEE, RALPH ☐ Delete
STREET ADDRESS 36351 CLINTON AVENUE
CITY- ST- ZIP DADE CITY FL 33525

TITLE TD
NAME STURWOLD, RAYMOND EARL ☐ Delete
STREET ADDRESS 37407 MOORE DRIVE
CITY- ST- ZIP DADE CITY FL 33525

TITLE D
NAME AUVIL, JONATHAN ☐ Delete
STREET ADDRESS 37837 MERIDIAN AVENUE
CITY- ST- ZIP DADE CITY FL 33525

TITLE D
NAME WELCH, JIM ☐ Delete
STREET ADDRESS 13326 LEE STREET #1
CITY- ST- ZIP DADE CITY FL 33525

TITLE S/D
NAME BRITTON, KATHERINE ☐ Delete
STREET ADDRESS 14152 SIXTH STREET
CITY- ST- ZIP DADE CITY FL 33525

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jim Caldwell

2/8/08 (352) 567-6581