## 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N95000004340

TI FILED
Oct 25, 2011
Secretary of State

Entity Name: WORKFORCE HOUSING VENTURES, INC.

Current Principal Place of Business: New Principal Place of Business:

36739 STATE ROAD 52

SUITE 206

DADE CITY, FL 33525 US

Current Mailing Address: New Mailing Address:

P.O BOX 948

DADE CITY, FL 33526 US

FEI Number: 59-3333830 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

AUVIL, JONATHAN L ESQUIRE 37837 MERIDIAN AVE. SUITE 100 DADE CITY, FL 33525 US

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.

in the otate of Fior

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: PRES

Name: STURWOLD, RAYMOND E Address: 37407 MOORE DR City-St-Zip: DADE CITY, FL 33525 US

Title: VP

 Name:
 THOMPSON, PATRICIA

 Address:
 5028 BURWELL RD

 City-St-Zip:
 WEBSTER, FL 33597 US

Title: TRES

 Name:
 DENNIS, WILLIAM L

 Address:
 13751 10TH STREET

 City-St-Zip:
 DADE CITY, FL 33525 US

 Title:
 SEC

 Name:
 GRAND, KY

 Address:
 37341 LAYTON DR

 City-St-Zip:
 DADE CITY, FL 33525 US

Title: DIR

Name: MORRILL, PENELOPE
Address: 37314 MERIDIAN AVENUE
City-St-Zip: DADE CITY, FL 33525 US

Title: EXDR

Name: SAMPLE, HAROLD R Address: 34825 O'BERRY ROAD City-St-Zip: DADE CITY, FL 33523

I hereby 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 all other like empowered.

SIGNATURE: HAROLD R. SAMPLE EXDR 10/25/2011