

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000003912

**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC6650401009**

**Entity Name:** WORKFORCE HOUSING FOUNDATION, INC.

**Current Principal Place of Business:**

200 SOUTH BISCAYNE BOULEVARD  
SUITE 4700  
MIAMI, FL 33131

**Current Mailing Address:**

200 SOUTH BISCAYNE BOULEVARD  
SUITE 4700  
MIAMI, FL 33131 US

**FEI Number:** 46-3968599

**Certificate of Status Desired:** No

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

EAGAN, THOMAS V  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 4700  
MIAMI, FL 33131 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.*

**SIGNATURE:** THOMAS V. EAGAN

03/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MANNING, JACK  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 4700  
City-State-Zip: MIAMI FL 33131

Title D  
Name DICKINSON, BOB  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 4700  
City-State-Zip: MIAMI FL 33131

Title D, VP  
Name EAGAN, THOMAS V  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 4700  
City-State-Zip: MIAMI FL 33131

*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:** THOMAS V. EAGAN

VICE PRESIDENT

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date