

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004340

**Entity Name:** WORKFORCE HOUSING VENTURES, INC.**Current Principal Place of Business:**36739 STATE ROAD 52  
SUITE 206  
DADE CITY, FL 33525**Current Mailing Address:**P.O BOX 948  
DADE CITY, FL 33526 US**FEI Number:** 59-3333830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AUVIL, JONATHAN ESQ.  
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.***SIGNATURE:** JONATHAN AUVIL

04/04/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name STURWOLD, RAYMOND E  
Address 37407 MOORE DR  
City-State-Zip: DADE CITY FL 33525

Title VP  
Name THOMPSON, PATRICIA  
Address 5028 BURWELL RD  
City-State-Zip: WEBSTER FL 33597

Title TRES  
Name BARNES, DEBRA  
Address 37642 GRANDA AVE.  
City-State-Zip: DADE CITY FL 33525

Title SEC  
Name GRAND, KY  
Address 37341 LAYTON DR  
City-State-Zip: DADE CITY FL 33525

Title EXEC. DIR.  
Name SAMPLE, HAROLD R  
Address PO BOX 1521  
City-State-Zip: DADE CITY FL 33526

Title CHF. OPERATING OFFICER - C.O.O.  
Name WUBBENA, JOSEPH P  
Address 36739 SR 52  
STE 206  
City-State-Zip: DADE CITY FL 33525

*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**EXEC. DIRECTOR**

04/04/2015

Electronic Signature of Signing Officer/Director Detail

Date