

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009730

**FILED**  
**Jun 24, 2010**  
**Secretary of State**

**Entity Name:** WORKFORCE HOUSING VENTURES COMMUNITY LAND TRUSTS, INC.

**Current Principal Place of Business:**

13924 7TH ST.  
DADE CITY, FL 33525

**New Principal Place of Business:**

36739 SR 52  
SUITE 206  
DADE CITY, FL 33525

**Current Mailing Address:**

13924 7TH ST.  
DADE CITY, FL 33525

**New Mailing Address:**

P. O. BOX 948  
DADE CITY, FL 33526 09

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SMITH, THOMAS E  
Address: 13924 7TH ST.  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: MERRILL, PENELOPE  
Address: 37314 MERIDIAN AVE.  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: CUMBEE, RALPH  
Address: 36351 CLINTON AVE.  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: DYER, JACQUELINE  
Address: 215 49TH ST. SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

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 E. SMITH

D

06/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date