# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2009**
**Secretary of State**

DOCUMENT# N07000011284

**Entity Name:** VILLAGE PARTNERS INTERNATIONAL, INC.

**Current Principal Place of Business:**

217 S MATANZAS AVE
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

217 S MATANZAS AVE
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number: 26-1124148** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

SYLVIA D. CAMPBELL, MD PA
217 S MATANZAS AVE
TAMPA, FL 33609 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: DP ( ) Delete
Name: CAMPBELL, MD PA, SYLIVA D
Address: 217 S MATANZAS AVE
City-St-Zip: TAMPA, FL 33609

Title: VP ( ) Delete
Name: WALLOF, WILLIAM B
Address: 3501 W SAN JOSE ST
City-St-Zip: TAMPA, FL 33629

Title: DVP ( ) Delete
Name: DEBEVIOSE, JOHN T
Address: 3501 W SAN JOSE ST
City-St-Zip: TAMPA, FL 33629

Title: DT ( ) Delete
Name: JOSEPH, DEIRDRE
Address: 9480 FOWLER AVENUE
City-St-Zip: THONOTOSASSA, FL 33592

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS ( ) Change (X) Addition
Name: TAYLOR, IRIS
Address: 4616 W. PRICE AVENUE
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SYLVIA D. CAMPBELL PRES 03/28/2009

Electronic Signature of Signing Officer or Director — Date