

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011439

FILED
Sep 11, 2009
Secretary of State

Entity Name: HOUSING AND COUNSELING SERVICES FOR VETERANS AND FAMILIES INCORPORATED

Current Principal Place of Business:

16057 TAMPA PALMS BLVD #217
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

16057 TAMPA PALMS BLVD #217
TAMPA, FL 33647

New Mailing Address:

FEI Number: 26-4175440 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PATTERSON, LEROY
16057 TAMPA PALMS BLVD #217
TAMPA, FL 33647 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 () Delete
Name: PATTERSON, LEROY
Address: 16057 TAMPA PALMS BLVD #217
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: PATTERSON, ELAINE
Address: 2516 REGAL OAKS LN
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: DESPORTE, MARJORIE
Address: 5533 NW 53RD CIR
City-St-Zip: FORT LAUDERDALE, FL 33073

Title: D () Delete
Name: PATTERSON, TRUDY
Address: 2516 REGAL OAKS LN
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: HARRIS, TOUYA
Address: 20990 WINCHESTER DR
City-St-Zip: SOUTHFIELD, MI 48076

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

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: LEROY PATTERSON

DIR

09/11/2009

Electronic Signature of Signing Officer or Director

Date