

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

DOCUMENT# N08000011439

**FILED**  
**Aug 29, 2010**  
**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 ( )**

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

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

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

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

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

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: LEROY PATTERSON

DP

08/29/2010

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

\_\_\_\_\_  
Date