## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N51293

FILED Apr 26, 2007 Secretary of State

Entity Name: VOLUNTEERS OF AMERICA COMMUNITY HOUSING AND DEVELOPMENT CORPORATION OF THE

TAMPA BAY AREA, INC.

Current Principal Place of Business: New Principal Place of Business:

1205 E. 8TH AVENUE TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

1205 E. 8TH AVENUE TAMPA, FL 33605

FEI Number: 58-2030719 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JENNEWEIN, JONATHAN P 101 E. KENNEDY BLVD. TAMPA, FL 33602 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:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: SPEARMAN, KATHRYN E Name:

 Address:
 1205 E. 8TH AVENUE
 Address:
 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:

Title: CD () Delete Title: () Change () Addition

 Name:
 TABANO, STEPHEN
 Name:

 Address:
 1205 E. 8TH AVENUE
 Address:

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SWINDELL, MERLYN
 Name:

 Address:
 1205 E. 8TH AVENUE
 Address:

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 SHEPHERDSON, EDWIN
 Name:

 Address:
 1205 E. 8TH AVENUE
 Address:

 City-St-Zip:
 TAMPA, FL 33605
 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: KATHRYN E SPEARMAN PD 04/26/2007