

FILED

Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 90315 041 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/1

DOCUMENT # N51293

1. Entity Name

VOLUNTEERS OF AMERICA COMMUNITY HOUSING AND DEVELOPMENT CORPORATION OF THE TAMPA BAY AREA, INC.



Principal Place of Business

605 SOUTH BLVD
TAMPA FL 33606

Mailing Address

605 SOUTH BLVD
TAMPA FL 33606

55647234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2030719

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, R. JAMES, JR.
101 E. KENNEDY BLVD.
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name JENNEWEIN, JONATHAN P.

Street Address (P.O. Box Number is Not Acceptable)
101 E. KENNEDY BLVD.

City TAMPA FL Zip Code 33602

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RUYLE, JAMES 402 REO ST., STE. 105 TAMPA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO EBERHART, CATHY 402 N. REO ST, STE. 105 TAMPA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPEARMAN, KATHRYN E 402 N REO ST, STE. 105 TAMPA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN EBERHART, CATHY 605 SOUTH BOULEVARD TAMPA, FL 33606	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SWINDELL, MERLYN 605 SOUTH BOULEVARD TAMPA, FL 33606	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SPEARMAN, KATHRYN E. 605 SOUTH BOULEVARD TAMPA, FL 33606	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

2/3-2821525

Daytime Phone

CR2E037 (10/02)