

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004340

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: WORKFORCE HOUSING VENTURES, INC.

## Current Principal Place of Business:

36739 STATE ROAD 52  
DADE CITY, FL 33525 US

## New Principal Place of Business:

36739 STATE ROAD 52  
BOX 7  
DADE CITY, FL 33525 US

## Current Mailing Address:

P.O BOX 948  
DADE CITY, FL 33526 US

## New Mailing Address:

FEI Number: 59-3333830      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CALDWELL, JIM  
36739 STATE ROAD 52  
DADE CITY, FL 33525 US

## Name and Address of New Registered Agent:

CALDWELL, JIM  
36739 STATE ROAD 52  
BOX 7  
DADE CITY, FL 33525 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:

02/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MORRILL, PENELOPE  
Address: 37314 MERIDIAN AVE  
City-St-Zip: DADE CITY, FL 33525 US

Title: VPD ( ) Delete  
Name: CUMBEE, RALPH  
Address: 36351 CLINTON AVENUE  
City-St-Zip: DADE CITY, FL 33525 US

Title: TD ( ) Delete  
Name: STURWOLD, RAYMOND EARL  
Address: 37407 MOORE DRIVE  
City-St-Zip: DADE CITY, FL 33525 US

Title: D ( ) Delete  
Name: AUVIL, JONATHAN  
Address: 37837 MERIDIAN AVENUE  
City-St-Zip: DADE CITY, FL 33525 US

Title: D (X) Delete  
Name: WELCH, JIM  
Address: 13326 LEE STREET #1  
City-St-Zip: DADE CITY, FL 33525 US

Title: S/D ( ) Delete  
Name: BRITTON, KATHERINE  
Address: 14152 SIXTH STREET  
City-St-Zip: DADE CITY, FL 33525 US

## 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:

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: RALPH CUMBEE

VPD

02/05/2009

Electronic Signature of Signing Officer or Director

Date