

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004340

FILED
Apr 19, 2011
Secretary of State

Entity Name: WORKFORCE HOUSING VENTURES, INC.

Current Principal Place of Business:

36739 STATE ROAD 52, STE 206
DADE CITY, FL 33525 US

New Principal Place of Business:

36739 STATE ROAD 52
SUITE 206
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:

AUVIL, JONATHAN L ESQUIRE
37837 MERIDIAN AVE.
SUITE 100
DADE CITY, FL 33525 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: PRES
Name: CUMBEE, RALPH W
Address: 36351 CLINTON AVE
City-St-Zip: DADE CITY, FL 33525 US

Title: VP
Name: STURWOLD, RAYMOND E
Address: 37407 MOORE DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: TRES
Name: DENNIS, WILLIAM L
Address: 13751 10TH STREET
City-St-Zip: DADE CITY, FL 33525 US

Title: SEC
Name: THOMPSON, PATRICIA
Address: 5028 BURWELL ROAD
City-St-Zip: WEBSTER, FL 33597 US

Title: DIR
Name: MORRILL, PENELOPE
Address: 37314 MERIDIAN AVENUE
City-St-Zip: DADE CITY, FL 33525 US

Title: EXDR
Name: SAMPLE, HAROLD R
Address: 34825 O'BERRY ROAD
City-St-Zip: DADE CITY, FL 33523

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: HAROLD R. SAMPLE

EXDR

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date