

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004340

Entity Name: WORKFORCE HOUSING VENTURES, INC.**Current Principal Place of Business:**36739 STATE ROAD 52
SUITE 206
DADE CITY, FL 33525**Current Mailing Address:**P.O BOX 948
DADE CITY, FL 33526 US**FEI Number:** 59-3333830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AUVIL, JONATHAN ESQ.
37837 MERIDIAN AVE.
SUITE 100
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:** JONATHAN AUVIL**04/04/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name STURWOLD, RAYMOND E
Address 37407 MOORE DR
City-State-Zip: DADE CITY FL 33525

Title VP
Name THOMPSON, PATRICIA
Address 5028 BURWELL RD
City-State-Zip: WEBSTER FL 33597

Title TRES
Name BARNES , DEBRA
Address 37642 GRANDA AVE.
City-State-Zip: DADE CITY FL 33525

Title SEC
Name GRAND, KY
Address 37341 LAYTON DR
City-State-Zip: DADE CITY FL 33525

Title EXEC. DIR.
Name SAMPLE, HAROLD R
Address PO BOX 1521
City-State-Zip: DADE CITY FL 33526

Title CHF. OPERATING OFFICER - C.O.O.
Name WUBBENA, JOSEPH P
Address 36739 SR 52
STE 206
City-State-Zip: DADE CITY FL 33525

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**EXEC. DIRECTOR****04/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date