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FILED
Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004328 (1)
1. Corporation Name
VOLUNTEERS OF AMERICA OF MIAMI, INC.



Principal Place of Business Mailing Address
1450 MADRUGA AVE SUITE 207 CORAL GABLES FL 33146 US
1450 MADRUGA AVE SUITE 207 CORAL GABLES FL 33146-3163 US

3. Date incorporated or Qualified 09/24/1993
3a. Date of Last Report 01/29/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 72-1248954 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ROBBINES, R JAMES JR
101 E KENNEDY BLVD
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MONTE FLORES, ANA MARIA	
STREET ADDRESS	2355 SALZEDO ST., STE. 203	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	RATCLIFF, MARGARET	
STREET ADDRESS	3939 N. CAUSEWAY BLVD., STE. 400	
CITY-ST-ZIP	METAIRIE LA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, THOMAS J	
STREET ADDRESS	3939 N. CAUSEWAY BLVD., SUITE 400	
CITY-ST-ZIP	METAIRIE LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jim Ruyle	
1.3 STREET ADDRESS	402 N. Reo St., Ste. 105	
1.4 CITY-ST-ZIP	Tampa, FL 33609	
2.1 TITLE	VC/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael Morina	
2.3 STREET ADDRESS	402 N. Reo St., Ste. 105	
2.4 CITY-ST-ZIP	Tampa, FL 33609	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Katie Vath	
3.3 STREET ADDRESS	402 N. Reo St., Ste. 105	
3.4 CITY-ST-ZIP	Tampa, FL 33609	
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kathryn Spearman	
4.3 STREET ADDRESS	402 N. Reo St., Ste. 105	
4.4 CITY-ST-ZIP	Tampa, FL 33609	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Handwritten Signature]*

CR2E037 (9/96)