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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000005967

1. Corporation Name

VOA ARBOR APARTMENTS, INC.

565481-90004-8 1 *

Principal Place of Business

402 REO ST
 TAMPA FL 33609

Mailing Address

402 REO ST
 TAMPA FL 33609



2. Principal Place of Business

21 Arbor Place Apartments

Suite, Apt. #, etc.

22 1915 131st Ave., #116

City & State

23 Tampa, FL

Zip

24 33612

Country

25 Hillsborough

2a. Mailing Address

26 Volunteers of America of Florida

Suite, Apt. #, etc.

27 402 N. Reo St., Ste. 105

City & State

28 Tampa, FL

Zip

29 33609

Country

30 Hillsborough

3. Date Incorporated or Qualified

12/06/1994

4. FEI Number

72-1283222

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

9. Name and Address of Current Registered Agent

FRAZIER, S KATHERINE
 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 DELETE

CD
 NAME RUYLE, JIM
 STREET ADDRESS 402 REO ST SUITE 105
 CITY-ST-ZIP TAMPA FL

TITLE DELETE

VC
 NAME MORINA, MICHAEL
 STREET ADDRESS 402 N REO ST., STE. 105
 CITY-ST-ZIP TAMPA FL

TITLE DELETE

PD
 NAME SPEARMAN, KETHRYN E
 STREET ADDRESS 402 E. REO ST., STE. 105
 CITY-ST-ZIP TAMPA FL

TITLE DELETE

SD
 NAME EBERHART, CATHY
 STREET ADDRESS 402 REO ST, SUITE 105
 CITY-ST-ZIP TAMPA FL 33609

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)