

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763896

FILED
Feb 17, 2011
Secretary of State

Entity Name: GAINESVILLE VOA ELDERLY HOUSING, INC.

Current Principal Place of Business:

1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

New Principal Place of Business:

1660 DUKE ST.
ALEXANDRIA, VA 22314 US

Current Mailing Address:

1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

New Mailing Address:

1660 DUKE ST.
ALEXANDRIA, VA 22314 US

FEI Number: 59-2473875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD
Name: KING, MICHAEL
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

Title: CD
Name: MOORE, CAROL
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: SD
Name: FELDMAN, NANCY J
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: TD
Name: LUBARSKY, JOSEPH M
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: ASAT
Name: BOWMAN, DAVID T
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: AS
Name: SHERIDAN, PATRICK
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314 US

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: DAVID T. BOWMAN

ASAT

02/17/2011

Electronic Signature of Signing Officer or Director

Date