FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **842056** **(4)**

1. Corporation Name

VOLUNTEERS OF AMERICA, INC.

Principal Place of Business	Mailing Address
3939 NORTH CAUSEWAY BOULEVARD SUITE 400 METAIRIE LA 70002-1764 US	3939 NORTH CAUSEWAY BOULEVARD SUITE 400 METAIRIE LA 70002-1764 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1978	3a. Date of Last Report: 03/03/1994
4. FEI Number: 13-1692595	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X]	$68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CHEVEALLIER, J. CLINT	12 NAME	
STREET ADDRESS	~~3810 N CAUSEWAY BLVD~~	13 STREET ADDRESS	3939 N. Causeway Blvd., Suite 400
CITY-ST-ZIP	METAIRIE LA	14 CITY-ST-ZIP	Metairie, LA 70002-1777
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	KLAGES, JOHN W	22 NAME	
STREET ADDRESS	2630 SHERWOOD ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	BEXLEY OH	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	KAREKEN, RONALD S	32 NAME	
STREET ADDRESS	212 FOREST HILLS RD	33 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BATTAN, NANCY L	42 NAME	
STREET ADDRESS	540 S FOREST #E	43 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	44 CITY-ST-ZIP	
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	FASTER, WALTER	52 NAME	
STREET ADDRESS	#1 GENERAL MILLS BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CRUMP, LINDSAY G	62 NAME	
STREET ADDRESS	39 TIDEWATER WAY	63 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. Clint Cheveallier 4/10/95 504-837-2652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #