

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **842056** (4)

1. Corporation Name

VOLUNTEERS OF AMERICA, INC.



Principal Place of Business

Mailing Address

**3939 NORTH CAUSEWAY BOULEVARD
SUITE 400
METAIRIE LA 70002-1784
US**

**3939 NORTH CAUSEWAY BOULEVARD
SUITE 400
METAIRIE LA 70002-1784
US**

3. Date Incorporated or Qualified
12/14/1978

3a. Date of Last Report
05/01/1995

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

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 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 if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **CHEVEALLIER, J. CLINT**
STREET ADDRESS **3939 N CAUSEWAY BLVD., SUITE 400**
CITY-ST-ZIP **METAIRIE LA**

TITLE **TD** ☐ DELETE
NAME **KLAGES, JOHN W**
STREET ADDRESS **2630 SHERWOOD ROAD**
CITY-ST-ZIP **BEXLEY OH**

TITLE **SD** ☐ DELETE
NAME **KAREKEN, RONALD S**
STREET ADDRESS **212 FOREST HILLS RD**
CITY-ST-ZIP **ROCHESTER NY**

TITLE **D** ☐ DELETE
NAME **BATTAN, NANCY L**
STREET ADDRESS **540 S FOREST #E**
CITY-ST-ZIP **DENVER CO**

TITLE **CD** ☐ DELETE
NAME **FASTER, WALTER**
STREET ADDRESS **#1 GENERAL MILLS BLVD**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **D** ☐ DELETE
NAME **CRUMP, LINDSAY G**
STREET ADDRESS **39 TIDEWATER WAY**
CITY-ST-ZIP **SAVANNAH GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD President/CEO** ☒ Change ☐ Addition
12 NAME **Charles W. Gould**
13 STREET ADDRESS **3939 N. Causeway Blvd., Suite 400**
14 CITY-ST-ZIP **Metairie, LA 70002-1777**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-96

504/837-2652

CR2E037 (12/95)