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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

842056

(4)

Mailing Address

VOLUNTEERS OF AMERICA, INC.

FILED
Mar 03 1997 8:00am
Secretary of State

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SUITE 400 METAIRIE LA 7 US	AUSEWAY BOULEVARD 0002-1784	3939 NORTH CAUSEWAY E SUITE 400 METAIRIE LA 70002-1777 US	OULEVARD	3. Date Incorporated or Qualified 12/14/1978	3a. Date of Last Repo 02/07/1996	
	ace of Business outh Union Street	2a. Mailing Address	ion Street	4. FEI Number 13-1692595	Applie	
21 110 S Suite, Apt		[20]	HOH Street	19-1095393	······	oplicable
22 2nd F	loor	Suite, Apt. #, etc. 2nd Floor		5. Certificate of Status Desired	S8.75 Addi Fee Requir	
	ndria, VA	City & State Alexandria,	γA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fi	
^{Z_{ip}} 22314	Country USA	^{Zip} 22314	So USA	This corporation has liability for Florida Statutes	intangible tax under s. 19: ☐ Yes ☐ No	9.032,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	glatered Agent	
İ			81 Name			
C T COI	RPORATION SYSTEM		62 Street	Address (P.O. Box Number is Not Acceptab	ole)	
1200 S	PINE ISLAND ROAD				·	
PLANTA	TION FL 33324		63			
			84 City		FL 85 Zip Cod	e
11. Pursuant I	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above-named	corporation submits this statement for the p	ourpose of changing its re	gistered
office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 617,0503, Flo	uthorized by the corp rida Statutes.	poration's board of directors. I hereby accept	ot the appointment as regi	istered
'	3					
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Agent signature		DATE	
12.	OFFICERS ANI	D DIRECTORS	: Registered Agent signature - 13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN	
	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN	N 12 Addition
12.	OFFICERS ANI PCEO GOULD, CHARLES W	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN Change	
12.	OFFICERS AND PCEO GOULD, CHARLES W 3939 N CSWY BLVD SUITE 4	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE COMMON Charles W. 110 South Union Street	CERS AND DIRECTORS IN Change	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PCEO GOULD, CHARLES W 3939 N CSWY BLVD SUITE 4 METAIRIE LA	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE COURTS W. 110 South Union Street Alexandria, VA 22314	CERS AND DIRECTORS IN Change C	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PCEO GOULD, CHARLES W 3939 N CSWY BLVD SUITE 4 METAIRIE LA TD	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICE OF STATE OF	CERS AND DIRECTORS IN Change C	
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4. I do hereby certify that the information supplied with this filing does not quality 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: __

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

Daytime Phone # 0075268

Date