

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
US3939 NORTH CAUSEWAY BOULEVARD  
SUITE 400  
METAIRIE LA 70002-1777  
US3. Date Incorporated or Qualified  
12/14/19783a. Date of Last Report  
02/07/1996

2. Principal Place of Business

21 110 South Union Street

2a. Mailing Address

26 110 South Union Street

Suite, Apt. #, etc.

22 2nd Floor

Suite, Apt. #, etc.

27 2nd Floor

City &amp; State

23 Alexandria, VA

City &amp; State

28 Alexandria, VA

Zip

24 22314

Country

25 USA

Zip

29 22314

Country

30 USA

4. FEI Number

13-1692595

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO  
NAME GOULD, CHARLES W  
STREET ADDRESS 3939 N CSWY BLVD SUITE 400  
CITY-ST-ZIP METAIRIE LA ☐ DELETE1.1 TITLE PCEO  
1.2 NAME GOULD, Charles W. ☒ Change ☐ Addition  
1.3 STREET ADDRESS 110 South Union Street, 2nd Floor  
1.4 CITY-ST-ZIP Alexandria, VA 22314TITLE TD  
NAME KLAGES, JOHN W  
STREET ADDRESS 2630 SHERWOOD ROAD  
CITY-ST-ZIP BEXLEY OH ☒ DELETE2.1 TITLE TD ☒ Change ☐ Addition  
2.2 NAME Mark T. Flaten  
2.3 STREET ADDRESS 920 Second Ave., South, Suite 700  
2.4 CITY-ST-ZIP Minneapolis, MN 55402-4023TITLE SD  
NAME KAREKEN, RONALD S  
STREET ADDRESS 212 FOREST HILLS RD  
CITY-ST-ZIP ROCHESTER NY ☐ DELETE3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME BATTAN, NANCY L  
STREET ADDRESS 540 S FOREST #E  
CITY-ST-ZIP DENVER CO ☒ DELETE4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME G. Don Bryan  
4.3 STREET ADDRESS 2901 Grant Street, Unit 501  
4.4 CITY-ST-ZIP Mobile, AL 36606TITLE CD  
NAME FASTER, WALTER  
STREET ADDRESS #1 GENERAL MILLS BLVD  
CITY-ST-ZIP MINNEAPOLIS MN ☒ DELETE5.1 TITLE CD ☒ Change ☐ Addition  
5.2 NAME Jean M. Galloway  
5.3 STREET ADDRESS 500 Speer Boulevard  
5.4 CITY-ST-ZIP Denver, CO 80203TITLE D  
NAME CRUMP, LINDSAY G  
STREET ADDRESS 39 TIDEWATER WAY  
CITY-ST-ZIP SAVANNAH GA ☒ DELETE6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME Walter C. Patterson  
6.3 STREET ADDRESS 3988 N. Central Expressway  
6.4 CITY-ST-ZIP Dallas, TX 75204

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075268

CR2E037 (9/96)