

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# N07000007325

Entity Name: VOLUNTEER USA FOUNDATION, INC.

Current Principal Place of Business:

516 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

516 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-0587238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCFADDEN, LIZA
516 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: BISHOP, BARNEY T III
Address: 516 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: GRIFFIN, DAVID MR.
Address: 516 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: VIROSTEK, GWYNN MS.
Address: 516 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: CESTARI, MAUREEN MS.
Address: 516 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: MCFADDEN, LIZA MS.
Address: 516 NORTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GAGE, TIMOTHY E
Address: 516 NORTH ADAMS ST.
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VENITA C. DORSEY

CFO

03/24/2009

Electronic Signature of Signing Officer or Director

Date