

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09248

FILED
Feb 15, 2010
Secretary of State

Entity Name: FLORIDA VOA ELDERLY HOUSING, INC.

Current Principal Place of Business:

1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

New Principal Place of Business:

Current Mailing Address:

VOA NATIONAL SERVICES
1660 DUKE ST
ALEXANDRIA, VA 223143427 US

New Mailing Address:

VOLUNTEERS OF AMERICA, INC.
1660 DUKE ST
ALEXANDRIA, VA 223143427 US

FEI Number: 58-1700964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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
Name: HOLMAN, RUSSELL MD
Address: 1660 DUKE STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: PD
Name: GOULD, CHARLES W
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

Title: ASAT
Name: BOWMAN, DAVID T
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

Title: CD
Name: PATTERSON, WALTER C
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

Title: AS
Name: SHERIDAN, PATRICK
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

Title: DT
Name: LUBARSKY, JOSEPH
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

I hereby 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 all other like empowered.

SIGNATURE: DAVID T. BOWMAN

ASAT

02/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date