

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90043 020 ****61.25

DOCUMENT # N20792

1. Corporation Name

MIAMI VOA ELDERLY HOUSING, INC.

Principal Place of Business

11495 W. FLAGLER STREET
MIAMI FL 33174
US

Mailing Address

3939 N. CAUSEWAY BLVD.
METAIRIE LA 70002-1784
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

05/22/1987

4. FEI Number

58-1777367

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

9. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME NORMAN, JOHN H.
STREET ADDRESS 3100 DIVISION ST
CITY-ST-ZIP METAIRIE LA

TITLE PD ☐ DELETE

NAME ROGERS JAMES
STREET ADDRESS 110 SOUTH UNION ST
CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE STVD ☒ DELETE

NAME TURNBULL, THOMAS D.
STREET ADDRESS 110 S UNION ST 2ND FL
CITY-ST-ZIP ALEXANDRIA VA

TITLE D ☐ DELETE

NAME KELLEY, PATRICK C
STREET ADDRESS 2721 DIVISION ST
CITY-ST-ZIP METAIRIE LA 70002

TITLE D ☐ DELETE

NAME FASTERLING, CHARLES W
STREET ADDRESS 2955 RIDGELAKE DR
CITY-ST-ZIP METAIRIE LA 70002

TITLE D ☐ DELETE

NAME PERKINS, THOMAS P
STREET ADDRESS 1000 HOWARD AVE SUITE 100
CITY-ST-ZIP NEW ORLEANS LA 70113

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE S/T NVD ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Thomas J. Clark
110 South Union St
Alexandria, VA 22314

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/1/99

(703) 739 3964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/98)

254243-90043-20

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12. CONTINUED

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Larry G. Schedler
CNG Tower
1450 Poydras St. Suite 1000
New Orleans, LA 70112

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Karl Zolinger
Whitney National Bank
228 St. Charles Ave
New Orleans, LA 70130

D

Keith Weatherspoon
3416 Allen St.
New Orleans, LA 70112