2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# N20792

Entity Name: MIAMI 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:

FEI Number: 58-1777367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 ( ) Delete
Name: HOLMAN, RUSSELL MD
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

Title: PD ( ) Delete
Name: RAE, ROSEMARIE
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 223143427

Title: STD ( ) Delete
Name: BOWMAN, DAVID
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

Title: CD ( ) Delete
Name: PATTERSON, WALTER T
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

Title: D ( ) Delete
Name: LUBARSKY, JOSEPH M
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

Title: VP ( ) Delete
Name: SHERIDAN, PATRICK
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: GOULD, CHARLES W
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 223143427

Title: ASAT (X) Change ( ) Addition
Name: BOWMAN, DAVID
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

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

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

Title: AS (X) Change ( ) Addition
Name: SHERIDAN, PATRICK
Address: 1660 DUKE ST.
City-St-Zip: ALEXANDRIA, VA 22314

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: DAVID T. BOWMAN ASAT 07/09/2009

Electronic Signature of Signing Officer or Director — Date