

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90090 043 ****61.25

DOCUMENT # N20792

1. Entity Name

MIAMI VOA ELDERLY HOUSING, INC.



Principal Place of Business

**11495 W. FLAGLER STREET
MIAMI FL 33174
US**

Mailing Address

**VOA NATIONAL SERVICES
1660 DUKE ST
ALEXANDRIA VA 22314-3427
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1777367**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **NORMAN, JOHN H.**
STREET ADDRESS **3100 DIVISION ST**
CITY-ST-ZIP **METairie LA**

TITLE **PNVD** ☐ Delete
NAME **GOULD, CHARLES**
STREET ADDRESS **1660 DUKE ST**
CITY-ST-ZIP **ALEXANDRIA VA 22314-3427**

TITLE **STNV** ☐ Delete
NAME **PATTERSON, RON**
STREET ADDRESS **7530 MARKET PLACE DR**
CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

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 **KNIGHT, GEORGE**
STREET ADDRESS **2181 JAMIESON AVE # 1003**
CITY-ST-ZIP **ALEXANDRIA VA 22314**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Change ☒ Addition
NAME **Nancy Feldman**
STREET ADDRESS **PO Box 52**
CITY-ST-ZIP **Minneapolis MN 55440**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS/A-/D** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/D** ☐ Change ☒ Addition
NAME **Michael Spilane**
STREET ADDRESS **640 Jackson St.**
CITY-ST-ZIP **St. Paul MN 55101**

TITLE **T/D** ☐ Change ☒ Addition
NAME **Carol Moore**
STREET ADDRESS **10400 Eaton Pl. #105**
CITY-ST-ZIP **Fairfax VA 22036**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED Ron Patterson

1/15/03

703-341-5000

CR2E037 (10/02)

Addendum – Miami VOA Elderly Housing, Inc.
#N20792

3300/357

Gerard Holder Director
2211 N. Tuckahoe Street
Arlington, VA 22205

C. David Kikumoto, Director
6312 S. Fiddlers Green Circle
Suite 200E
Denver, CO 80111

Walter C. Patterson, Director
230 Peachtree Street, NW
Suite 705
Atlanta, GA 30303
