

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90021 043 \*\*\*\*61.25

**DOCUMENT # N09247**

1. Entity Name  
**DADE COUNTY VOA ELDERLY HOUSING, INC.**



Principal Place of Business  
**1765 WEST 42ND PLACE**  
**HIALEAH, FL 33012 US**

Mailing Address  
**VOA NATIONAL SERVICES**  
**1660 DUKE STREET**  
**ALEXANDRIA, VA 22314 US**

**94017108**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**58-1700955**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP *(see attached)*

TITLE \_\_\_\_\_  Delete  
 NAME **D**  
**HOLDER, GERARD**  
 STREET ADDRESS **2211 N TUCKHOE ST.**  
 CITY-ST-ZIP **ARLINGTON, VA 22205**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **D**  
**KIKUMOTO, DAVID**  
 STREET ADDRESS **6312 S FIDDLERS GREEN CIR.**  
 CITY-ST-ZIP **DENVER, CO 80111**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **D**  
**PATTERSON, WALTER**  
 STREET ADDRESS **230 PEACHTREE ST NW**  
 CITY-ST-ZIP **ATLANTA, GA 30303**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **D**  
**KNIGHT, GEORGE**  
 STREET ADDRESS **2181 JAMIESON AVE # 1003**  
 CITY-ST-ZIP **ALEXANDRIA, VA 22314**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **ASAT**  
**PATTERSON, RON**  
 STREET ADDRESS **7530 MARKET PLACE DR.**  
 CITY-ST-ZIP **EDEN PRAIRIE, MN 55344**

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:** *Ron Patterson* **Ron Patterson**

*2/12/04*

*952.941.0305*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

**Dade County VOA Elderly Housing, Inc.  
Board of Directors**

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# N109247

Ms. Nancy Feldman  
Board Chair  
Chief Executive Officer  
UCARE Minnesota  
2000 Summer Street NE  
Minneapolis, Minnesota 55413

Ms. Carol Moore  
Chesapeake Consulting, Inc.  
6031 Grove Drive  
Alexandria, VA 22307

Mr. Charles W. Gould (ex-officio)  
President/CEO, Volunteers of America, Inc.  
1660 Duke Street  
Alexandria, VA 22314

Mr. Ron Patterson  
Secretary/Treasurer  
Volunteers of America National Services  
1660 Duke St.  
Alexandria, VA 22314

Mr. Gerard Holder  
Executive Director, Commission on  
Affordable Housing and Health Facility  
Needs for Seniors in the 21<sup>st</sup> Century  
2211 N. Tuckahoe Street  
Arlington, VA 22205

Mr. Walter C. Patterson  
9040 Roswell Rd.  
Suite 106  
Atlanta, GA 30350

Mr. C. David Kikumoto  
President, Denver Management Advisors  
6312 S. Fiddlers Green Circle  
Suite 200E  
Denver, CO 80111

Dr. Michael Spilane  
Regions Hospital  
640 Jackson Street  
St. Paul, MN 55101

Mr. George Knight  
Retired Executive Director  
Neighborhood Reinvestment Corporation  
Unit 1003  
2181 Jamieson Avenue  
Alexandria, VA 22314