

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09247** (0)

1. Corporation Name

DADE COUNTY VOA ELDERLY HOUSING, INC.



Principal Place of Business

Mailing Address

1765 WEST 42ND PLACE
HIALEAH FL 33012
US

3939 N CAUSEWAY BLVD
STE 300
METAIRIE LA 70002-1724
US

3. Date Incorporated or Qualified **05/13/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

58-1700955

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ATKINSON, WALTER	
STREET ADDRESS	451 E AIRPORT AVE STE C	
CITY-ST-ZIP	BATON ROUGE LA 70806	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HOOD, JOHN A	
STREET ADDRESS	3939 N CAUSEWAY BLVD, STE 300	
CITY-ST-ZIP	METAIRIE LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORMAN, JOHN	
STREET ADDRESS	3131 HARVARD AVE	
CITY-ST-ZIP	METAIRIE LA 70006	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALBREATH, RICHMOND B	
STREET ADDRESS	811 BEAU CHENE DR.	
CITY-ST-ZIP	MANDEVILLE LA 70448	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLS, CON C	
STREET ADDRESS	518 LEGENDRE DR.	
CITY-ST-ZIP	SLIDELL LA 70460	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POWELL, RICHARD J	
STREET ADDRESS	3813 NO. CAUSEWAY BLVD.	
CITY-ST-ZIP	METAIRIE LA 70002	

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	3100 DIVISION ST.	
34 CITY-ST-ZIP	METAIRIE, LA 70002	
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	500 BEAU CHENE DR.	
44 CITY-ST-ZIP	MANDEVILLE, LA. 70448	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a address.

SIGNATURE: *John A. Hood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Hood, P
Daytime Phone # (504) 834-5243

CR2E037 (12/95)