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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09247 (0)
1. Corporation Name
DADE COUNTY VOA ELDERLY HOUSING, INC.



Principal Place of Business 1765 WEST 42ND PLACE HALEAH FL 33012 US	Mailing Address 3939 N CAUSEWAY BLVD STE 300 METAIRIE LA 70002-1777 US
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3. Date Incorporated or Qualified 05/13/1985	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

4. FEI Number 58-1700955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" 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	3100 DIVISION ST	
CITY-ST-ZIP	METAIRIE LA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALBREATH, RICHMOND B	
STREET ADDRESS	500 BEAU CHENE DR	
CITY-ST-ZIP	MANDEVILLE LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLS, CON C	
STREET ADDRESS	518 LEGENDRE DR.	
CITY-ST-ZIP	SLIDELL LA 70460	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, RICHARD J	
STREET ADDRESS	3813 NO. CAUSEWAY BLVD.	
CITY-ST-ZIP	METAIRIE LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/NVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOULD, CHARLES W.	
1.3 STREET ADDRESS	110 SO. UNION ST., 2ND FL.	
1.4 CITY-ST-ZIP	ALEXANDRIA, VA. 22314	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FASTERLING, CHARLES W.	
2.3 STREET ADDRESS	2955 RIDGELAKE DR.	
2.4 CITY-ST-ZIP	METAIRIE, LA. 70002	
3.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	OSTER, RICHARD DR.	
3.3 STREET ADDRESS	931 SOLEDAD WAY	
3.4 CITY-ST-ZIP	LADY LAKE, FL. 32159	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SOUDER, ROGER	
4.3 STREET ADDRESS	4175 RENDON RD.	
4.4 CITY-ST-ZIP	FT. WORTH, TEXAS 76140	
5.1 TITLE	S/T/NVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TURNBULL, THOMAS D.	
5.3 STREET ADDRESS	110 SO. UNION ST., 2ND FL.	
5.4 CITY-ST-ZIP	ALEXANDRIA, VA 22314	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, changed, or on an attachment with an address.

SIGNATURE _____ DATE **3/6/97** (504) 834-5242

CR2E037 (9/96)