2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09247

Entity Name: DADE COUNTY VOA ELDERLY HOUSING, INC.

FILED Feb 01, 2020 **Secretary of State** 2662463851CC

Current Principal Place of Business:

1660 DUKE ST.

ALEXANDRIA, VA 22314

Current Mailing Address:

1660 DUKE STREET

ALEXANDRIA. VA 22314 US

FEI Number: 58-1700955 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	KING, MICHAEL	Name	ARNOLD , PATTI
Address	1660 DUKE ST.	Address	1660 DUKE ST.

City-State-Zip: ALEXANDRIA VA 22314 City-State-Zip: ALEXANDRIA VA 22314

Title ASSISTANT SECRETARY, ASSISTANT Title **SECRETARY**

TREASURER CARRINGTON, EDWINA Name

Name BUDZYNSKI, JOSEPH Address 1660 DUKE ST.

1660 DUKE ST. Address City-State-Zip: ALEXANDRIA VA 22314

City-State-Zip: ALEXANDRIA VA 22314

Title **DIRECTOR** Title

DIRECTOR BLOOM, SHAWN Name Name DALE . KAREN Address 1660 DUKE ST. Address 1660 DUKE ST.

City-State-Zip: ALEXANDRIA VA 22314 City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR Title DIRECTOR

DOLAN, TOM Name Name EDEBURN, ANDY Address 1660 DUKE ST. Address 1660 DUKE ST.

ALEXANDRIA VA 22314 City-State-Zip: City-State-Zip: ALEXANDRIA VA 22314

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I hereby 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 all other like empowered.

02/01/2020 SIGNATURE: EDWINA CARRINGTON **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameKNAPP, KEITHNameKNAPP, KEITHAddress1660 DUKE ST.Address1660 DUKE ST.

City-State-Zip: ALEXANDRIA VA 22314 City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR Title DIRECTOR

NameLEBLANC, JAMESNamePETERSEN, JEANNEAddress1660 DUKE ST.Address1660 DUKE ST.

City-State-Zip: ALEXANDRIA VA 22314 City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR Title DIRECTOR

Name RASE NANCY Name SULLIVAN, MICHAEL

Name RASE, NANCY Name SULLIVAN, MICHAEL Address 1660 DUKE ST. Address 1660 DUKE ST.

City-State-Zip: ALEXANDRIA VA 22314 City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR Title DIRECTOR

NameWAKEFIELD, STEPHENNameBURKS, JANE WAddress1660 DUKE ST.Address1660 DUKE ST.

City-State-Zip: ALEXANDRIA VA 22314 City-State-Zip: ALEXANDRIA VA 22314