2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09247

Entity Name: DADE COUNTY VOA ELDERLY HOUSING, INC.

FILED Apr 20, 2022 Secretary of State 8058930733CC

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 | BURKS, JANE |
| Address | 1660 DUKE ST. | Address | 1660 DUKE ST. |

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

Title SECRETARY Title ASSISTANT SECRETARY, ASSISTANT

Name DOLAN, THOMAS TREASURER

Name BUDZYNSKI, JOSEPH Address 1660 DUKE ST.

Address 1660 DUKE ST.

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

Title DIRECTOR Title DIRECTOR

NameBLOOM, SHAWNNameDALE, KARENAddress1660 DUKE ST.Address1660 DUKE ST.

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

Title DIRECTOR Title DIRECTOR

Name MULLEN, BETH Name EDEBURN, ANDY
Address 1660 DUKE ST. Address 1660 DUKE ST.

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

Continues on page 2

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.

SIGNATURE: THOMAS DOLAN SECRETARY 04/20/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name KNAPP, KEITH Name CARINGTON, EDWINA

Address 1660 DUKE ST. Address 1660 DUKE ST.

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

Title DIRECTOR Title DIRECTOR

Name LEBLANC , JAMES Name PETERSEN, JEANNE

Address 1660 DUKE ST. Address 1660 DUKE ST.

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

Title VICE CHAIR Title DIRECTOR

Name RASE, NANCY Name WAKEFIELD, STEPHEN

Address 1660 DUKE ST. Address 1660 DUKE ST.

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

Title CHAIRPERSON Title DIRECTOR

Name ADREINI ARNOLD, PATTI Name PERKINS, DERRICK

Address 1660 DUKE ST. Address 1660 DUKE ST.

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