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03-17-1999 90034 005 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

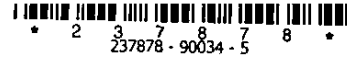


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N09247

1. Corporation Name
DADE COUNTY VOA ELDERLY HOUSING, INC.

<i>Principal Place of Business</i>	<i>Mailing Address</i>
1765 WEST 42ND PLACE HIALEAH FL 33012 US	3939 N CAUSEWAY BLVD STE 300 METAIRIE LA 70002-1724 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/13/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1700955	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JAMES	1.2 NAME	
STREET ADDRESS	110 S UNION ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, JOHN	2.2 NAME	
STREET ADDRESS	3100 DIVISION ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEDLER, LARRY G	3.2 NAME	
STREET ADDRESS	1450 POYDRAS ST, STE 1000	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70112	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, PATRICK C	4.2 NAME	
STREET ADDRESS	2721 DIVISION ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA 70002	4.4 CITY-ST-ZIP	
TITLE	STVD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/T NonVot D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNBULL, THOMAS O	5.2 NAME	Thomas J. Clark
STREET ADDRESS	110 S UNION ST 2ND FL	5.3 STREET ADDRESS	110 South Union St.
CITY-ST-ZIP	ALEXANDRIA VA	5.4 CITY-ST-ZIP	Alexandria, VA 22314
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASTERLING, CHARLES W	6.2 NAME	
STREET ADDRESS	2955 RIDGELAKE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an address, with all other like empowered.

SIGNATURE: _____ DATE: 2/1/99 DAYTIME PHONE #: (703) 739 3964

CR2E037 (1/198)

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NONPROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT NO. N09247

DADE COUNTY VOA ELDERLY HOUSING, INC.

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12. CONTINUED

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Thomas P. Perkins
Executive Director
Christopher Homes
1000 Howard Ave., Suite 100
New Orleans, LA

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Karl Zolinger
Whitney National Bank
228 St. Charles Ave
New Orleans, LA 70130

D

Keith Weatherspoon
3416 Allen St.
New Orleans, LA 70112