

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90319 001 ***857.50

DOCUMENT # N09247

1. Entity Name

DADE COUNTY VOA ELDERLY HOUSING, INC.

Principal Place of Business

1765 WEST 42ND PLACE
 HIALEAH FL 33012
 US

Mailing Address

VOA NATIONAL SERVICES
 1660 DUKE STREET
 ALEXANDRIA VA 22314
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1700955

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PNVD			<input checked="" type="checkbox"/>
	DADOU,, SHAHAB	1660 DUKE ST	ALEXANDRIA VA 22314	
	D			<input type="checkbox"/>
	NORMAN, JOHN	3100 DIVISION ST	METAIRIE LA 70002	
	D			<input type="checkbox"/>
	SCHEDLER, LARRY G	3900 N CAUSEWAY S1424	METAIRIE LA 70002	
	D			<input type="checkbox"/>
	KELLEY, PATRICK C	2721 DIVISION ST	METAIRIE LA 70002	
	D			<input checked="" type="checkbox"/>
	PERKINS, THOMAS P	1000 HOWARD AVE S100	NEW ORLEANS LA 70113	
	D			<input type="checkbox"/>
	FASTERLING, CHARLES W	2955 RIDGELAKE DR	METAIRIE LA	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PNVD			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Charles Gould	1660 Duke St.	Alexandria VA 22314		
	D			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	George Knight	2181 Samieson Ave. #1003	Alexandria VA 22314		
	D			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Karl Zollinger	3201 Highway 190	Mandeville LA 70471		
	D			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Keith Weatherspoon	516 Wilson Bridge Dr. #A-1	Oxon Hill MD 20745		
	STV: D			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Ron Patterson	7530 Market Place Dr.	Eden Prairie MN 55344		
				<input type="checkbox"/>	<input type="checkbox"/>

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ron Patterson **REQUIRED** Ron Patterson 6/18/02 703-341-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)