

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00080

**Entity Name:** FLORIDA ASSOCIATION FOR VOLUNTEER RESOURCE  
MANAGEMENT, INC**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**2455510795CC****Current Principal Place of Business:**2729 E MOODY BLVD  
SUITE 201  
BUNNELL, FL 32110**Current Mailing Address:**P.O. BOX 353755  
PALM COAST, FL 32135**FEI Number: 59-2305200****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SUZANNE, GAMBLAIN  
2729 E MOODY BLVD  
SUITE 201  
BUNNELL, FL 32110 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: SUZANNE GAMBLAIN****04/30/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name JUVE, KRIS  
Address RSVP - SOUTH FLORIDA STATE  
COLLEGE  
600 WEST COLLEGE DRIVE  
City-State-Zip: AVON PARK FL 33825

Title SECRETARY  
Name PELT-WALKER, KAY  
Address 918 RAILROAD AVE.  
City-State-Zip: TALLAHASSEE FL 32310

Title DIRECTOR  
Name STRADER, GREGORY  
Address BRACE  
7407 PETERSON LANE  
City-State-Zip: PENSACOLA FL 32506

Title TRES  
Name GAMBLAIN, SUZANNE  
Address 2729 E MOODY BLVD  
SUITE 201  
City-State-Zip: BUNNELL FL 32110

Title PRESIDENT  
Name JOSEPH, TAYLOR  
Address 192 COACH WAGONER BLVD.  
City-State-Zip: APALALACHICOLA FL 32320

Title DIRECTOR  
Name LINDSEY, ANGELA  
Address PO BOX 110810  
City-State-Zip: GAINESVILLE FL 32611

*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: SUZANNE M GAMBLAIN****TREASURER****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date