

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00080

Entity Name: FLORIDA ASSOCIATION FOR VOLUNTEER RESOURCE
MANAGEMENT, INC**FILED**
Apr 30, 2019
Secretary of State
1268766405CC**Current Principal Place of Business:**5400 E. HIGHWAY 100
ROOM 110A
PALM COAST, FL 32164**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
5400 E. HIGHWAY 100
ROOM 110A
PALM COAST, FL 32164 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****04/30/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name BERGHS, KIM
Address UNITED WAY OF LEE, HENRY,
GLADES
7273 CONCOURSE DRIVE
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR
Name HARRIS, PHILIP C. DR.
Address DEPARTMENT OF CHILDREN &
YOUTH SERVICES
601 E. KENNEDY BLVD.
City-State-Zip: TAMPA FL 33602

Title VP
Name DADDARIO, LEANN
Address HANDSON JACKSONVILLE
40 E ADAMS STREET STE LL30
City-State-Zip: JACKSONVILLE FL 32202-3302

Title TRES
Name GAMBLAIN, SUZANNE
Address FLAGLER VOLUNTEER SERVICES
5400 E. HIGHWAY 100 ROOM 110A
City-State-Zip: PALM COAST FL 32164

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

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

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

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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.

SIGNATURE: SUZANNE GAMBLAIN**TREASURER****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILSON, JOYCE
Address UNITY COMMUNITY FAMILY CENTER
20030 NE 23RD PLACE
City-State-Zip: WILLISTON FL 32696

Title DIRECTOR
Name BLUE, TRACI
Address HEART OF FLORIDA UNITED WAY
1940 TRAYLOR BLVD
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name WOODRICH, JOVITA
Address VOLUNTEER FLORIDA
3800 ESPLANADE WAY SUITE 180
City-State-Zip: TALLAHASSEE FL 32311