

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008806

**Entity Name:** VOICES OF HOPE FOR APHASIA INC.**Current Principal Place of Business:**200 2ND AVE SOUTH  
SUITE 449  
ST. PETERSBURG, FL 33701**Current Mailing Address:**200 2ND AVE S  
#449  
ST. PETERSBURG, FL 33701 US**FEI Number:** 45-3554825**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YONES, DEBORA  
2901 1ST AVENUE NORTH  
SUITE 101  
ST. PETERSBURG, FL 33713 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:** DEBORA YONES

03/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name BADO, KEN  
Address 1825 HACKETT CREEK DRIVE  
City-State-Zip: MCKINLEY TX 75070

Title DIRECTOR  
Name VALAVANIS, JOHN  
Address 8N194 NAPERVILLE RD  
City-State-Zip: BARTLETT IL 60103

Title DIRECTOR  
Name PROFITA, MIKE  
Address 228 MARY ST  
City-State-Zip: ELMHURST IL 60126

Title FM  
Name CAPUTO, MICHAEL  
Address 1508 16TH CIR SE  
City-State-Zip: LARGO FL 33771

Title DIRECTOR  
Name BLUM, STEVE  
Address 5041 HUMMINGBIRD  
City-State-Zip: PLANO TX 75093

Title SECRETARY  
Name WELCH, DES  
Address 19 WHISPERING SANDS #905  
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR  
Name PANARO, GARY  
Address 40 FERMANAGH ST  
City-State-Zip: HAVERHILL MA 01835

Title TREASURER  
Name DAUGHTRY, MARY CATHERINE  
Address 372 BAY PLZ  
City-State-Zip: TREASURE ISLAND FL 33706

**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:** MARYCATHERINE DAUGHTRY

TREASURER

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VC
Name	MILLER, STEPHEN
Address	8573 W. GULF BLVD
City-State-Zip:	TREASURE ISLAND FL 33706