

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008806

Entity Name: VOICES OF HOPE FOR APHASIA INC.**Current Principal Place of Business:**2901 1ST AVENUE NORTH
SUITE 101
ST. PETERSBURG, FL 33713**Current Mailing Address:**200 2ND AVE S
#449
ST. PETERSBURG, FL 33701 US**FEI Number:** 45-3554825**Certificate of Status Desired:** Yes**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

07/11/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name BADO, KEN
Address 1438 GREEN STREET #3C
City-State-Zip: SAN FRANCISCO CA 94109

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

Title TREASURER
Name YONES, DEBORA
Address 4730 DOLPHIN CAY LANE S
City-State-Zip: ST PETERSBURG FL 33711

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 CEO
Name HINCKLEY, JACQUELINE
Address 3530 1ST AVENUE NORTH
SUITE 113
City-State-Zip: ST PETERSBURG FL 33713

Title DIRECTOR
Name GUILFORD, ARTHUR PHD
Address 1111 N. GULFSTREAM AVENUE
14C
City-State-Zip: SARASOTA FL 34236

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

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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: JACQUELINE HINCKLEY**EXECUTIVE DIRECTOR**

07/11/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HELLER, BILL DR.
Address 960 WATER LILY CT NE
City-State-Zip: ST PETERSBURG FL 33703

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

Title SECRETARY
Name WELCH, DES
Address 9478 MAERA CT
City-State-Zip: COLUMBIA MD 21045

Title DIRECTOR
Name DAUGHTRY, MARY CATHERINE
Address P.O. BOX 66708
City-State-Zip: ST PETE BEACH FL 33736