

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15903

Entity Name: RETURNED PEACE CORPS VOLUNTEERS OF SOUTH FLORIDA ,INC.**FILED**
Jan 15, 2020
Secretary of State
2125300491CC**Current Principal Place of Business:**ZELL, GREGORY T.
3231 MARY STREET
MIAMI, FL 33133**Current Mailing Address:**RPCVSF
P.O. BOX 661001
MIAMI, FL 33266-1001 US**FEI Number: 59-2870906****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ZELL, GREGORY T.
3231 MARY STREET
MIAMI, FL 33133 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	WOS CANTAVE, JENNIFER
Address	RPCVSF P.O. BOX 661001
City-State-Zip:	MIAMI FL 33266-1001

Title	SECRETARY
Name	LAMBERTS, MARY
Address	RPCVSF P.O. BOX 661001
City-State-Zip:	MIAMI FL 33266-1001

Title	VP
Name	GARCIA, DAVID
Address	RPCVSF P.O. BOX 661001
City-State-Zip:	MIAMI FL 33266-1001

Title	TREASURER
Name	VINCENT, DORIS
Address	RPCVSF P.O. BOX 661001
City-State-Zip:	MIAMI FL 33266-1001

Title	DIRECTOR
Name	PARIS, DEBORAH
Address	RPCVSF P.O. BOX 661001
City-State-Zip:	MIAMI FL 33266-1001

Title	DIRECTOR, FAIR TRADE MARKET
Name	WHITMYRE, LINDA
Address	RPCVSF P.O. BOX 661001
City-State-Zip:	MIAMI FL 33266-1001

Title	COMPTROLLER
Name	HANCOCK, THOMAS M
Address	RPCVSF P.O. BOX 661001
City-State-Zip:	MIAMI FL 33266-1001

Title	DIRECTOR
Name	PHARES, PATTY
Address	RPCVSF P.O. BOX 661001
City-State-Zip:	MIAMI FL 33266-1001

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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: THOMAS M HANCOCK**CONTROLLER****01/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAZAR, GENEVIEVE
Address RPCVSF
 P.O. BOX 661001
City-State-Zip: MIAMI FL 33266-1001

Title DIRECTOR
Name LORD, MATTHEW
Address RPCVSF
 P.O. BOX 661001
City-State-Zip: MIAMI FL 33266-1001