

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15903

Entity Name: RETURNED PEACE CORPS VOLUNTEERS OF SOUTH FLORIDA ,INC.**FILED**
Apr 13, 2016
Secretary of State
CC3537074748**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	EMMONS-MCNAUGHT, VIRGINIA
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	LAVERNIA, CARYN
Address	RPCVSF P.O. BOX 661001
City-State-Zip:	MIAMI FL 33266-1001

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

Title	DIRECTOR, MEMBERSHIP
Name	JUNGE, BARBARA A ESQ.
Address	RPCVSF P.O. BOX 661001
City-State-Zip:	MIAMI FL 33266-1001

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

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

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: MARVIN HANCOCK**DIRECTOR & TREASURER 04/13/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date