#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51292

Entity Name: VOLUNTEERS OF AMERICA COMMUNITY HOUSING AND

DEVELOPMENT CORPORATION OF BROWARD, INC.

# **Current Principal Place of Business:**

405 CENTRAL AVE STE 100 ST PETERSBURG, FL 33701

### **Current Mailing Address:**

405 CENTRAL AVE STE 100 ST PETERSBURG, FL 33701 US

FEI Number: 58-2030721 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

STRINGFELLOW, JANET M 405 CENTRAL AVE STE 100 ST PETERSBURG, FL 33701 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: JANET M. STRINGFELLOW

02/18/2022

FILED Feb 18, 2022

Secretary of State

6135039640CC

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRESIDENT/CEO Title	VC
---------------------------	----

NameSTRINGFELLOW, JANET MNameHARVEY, MAURICE R DR.Address405 CENTRAL AVE STE 100Address405 CENTRAL AVE STE 100City-State-Zip:ST PETERSBURG FL 33701City-State-Zip:ST PETERSBURG FL 33701

TitleDIRECTORTitleTREASURERNameWHITAKER, ALLISONNameEVANS, MELODY

Address 405 CENTRAL AVE STE 100 Address 405 CENTRAL AVE STE 100

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

Title SECRETARY Title CHAIRMAN

Name GOODWIN, THOMAS Name GUTIERREZ, HELEN

Address 405 CENTRAL AVE STE 100 Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR Title DIRECTOR

NameMESA, IVANNameREYNOLDS, SPENCERAddress405 CENTRAL AVE STE 100Address405 CENTRAL AVE STE 100City-State-Zip:ST PETERSBURG FL 33701City-State-Zip:ST PETERSBURG FL 33701

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: JANET M. STRINGFELLOW

PRESIDENT/CEO

02/18/2022

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name BOWMAN, THOMAS Name THROWER, DEBORAH

Address 405 CENTRAL AVE STE 100 Address 405 CENTRAL AVE STE 100

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST. PETERSBURG FL 33701-3866

Title DIRECTOR Title DIRECTOR

Name MALISZEWSKI, KENNETH Name RIGG, KHARY

Address 405 CENTRAL AVENUE Address 405 CENTRAL AVE

SUITE 100 SUITE 100

City-State-Zip: ST. PETERSBURG FL 33701 City-State-Zip: ST. PETERBURG FL 33701