

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N51292

**Entity Name:** VOLUNTEERS OF AMERICA COMMUNITY HOUSING AND DEVELOPMENT CORPORATION OF BROWARD, INC.

**FILED  
Jul 02, 2014  
Secretary of State  
CC6441992623**

**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:**

JENNEWEIN, JONATHAN P  
101 E. KENNEDY BLVD.  
TAMPA FL 33602 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 PCEO  
Name STRINGFELLOW, JANET M  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title T  
Name SHEPHERDSON, EDWIN A  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title SECRETARY  
Name ATKINS, ROBERT E  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title CHAIRMAN  
Name HOUSSIAN, DAVID  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title VC  
Name BUENO, ALEX  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name TOWATER, SUSIE  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name ANDERSON, KRISTIN  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name GUTIERREZ, HELEN  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

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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: JANET M STRINGFELLOW**

**PCEO**

**07/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HARVEY, MAURICE  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name SMITH, MILDRED  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name BAKER, MARTHA  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name KENNEDY-RUYLE, S. ELAINE  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name TABANO, STEPHEN  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701