2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N51292

FILED Jul 03, 2023 Secretary of State 4821129555CC

Entity Name: VOLUNTEERS OF AMERICA COMMUNITY HOUSING AND

DEVELOPMENT CORPORATION OF BROWARD, INC.

Current Principal Place of Business:

200 2ND AVE S,, 436 ST PETERSBURG, FL 33701

Current Mailing Address:

200 2ND AVE S, , 436

ST PETERSBURG, FL 33701 US

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

Name and Address of Current Registered Agent:

STRINGFELLOW, JANET M 200 2ND AVE SOUTH 436

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 07/03/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT/CEO Title CHAIRMAN

Name STRINGFELLOW, JANET M Name GOODWIN, THOMAS

200 2ND AVE SOUTH 200 2ND AVE S, , 436 Address Address

436

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

TREASURER Title Title **DIRECTOR** Name EVANS, MELODY

Name CRAFT, FRANK

Address 200 2ND AVE SOUTH Address 200 2ND AVE S., 436 436

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

Title VC Title **SECRETARY**

Name THROWER, DEBRA DR. Name MESA, IVAN 200 2ND AVE S, , 436 Address 200 2ND AVE S, , 436 Address

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

Title **DIRECTOR** Title **DIRECTOR**

Name BOWMAN, THOMAS REYNOLDS, SPENCER Name

Address 200 2ND AVE SOUTH 200 2ND AVE SOUTH Address 436

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

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SIGNATURE: JANET M STRINGFELLOW

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PRESIDENT/CEO

07/03/2023

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.

Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

Name TAYLOR, TRAVIS Name MALISZEWSKI, KENNETH

200 2ND AVE S, , 436 200 2ND AVE SOUTH Address Address 436

City-State-Zip: ST PETERSBURG FL 33701

City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR Title **DIRECTOR** RIGG, KHARY Name

Name VIAMONTES, BETTY 200 2ND AVE SOUTH Address

Address 200 2ND AVE SOUTH 436 436

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