

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N92000000272

**Entity Name:** VOLUNTEERS OF AMERICA OF FLORIDA, INC.

**Current Principal Place of Business:**

405 CENTRAL AVE STE 100  
ST. PETERSBURG, FL 33701-3866

**Current Mailing Address:**

405 CENTRAL AVE STE 100  
ST. PETERSBURG, FL 33701-3866 US

**FEI Number:** 58-1856992

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

STRINGFELLOW, JANET M  
405 CENTRAL AVE STE 100  
ST. PETERSBURG, FL 33701-3866 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

08/09/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT/CEO  
Name            STRINGFELLOW, JANET M  
Address        405 CENTRAL AVE STE 100  
City-State-Zip: ST. PETERSBURG FL 33701-3866

Title            VICE CHAIR  
Name            GOODWIN, THOMAS  
Address        405 CENTRAL AVE STE 100  
City-State-Zip: ST. PETERSBURG FL 33701-3866

Title            DIRECTOR  
Name            TUTWILER-WHITAKER, ALLISON  
Address        405 CENTRAL AVE STE 100  
City-State-Zip: ST. PETERSBURG FL 33701-3866

Title            DIRECTOR  
Name            RIGG, KHARY DR.  
Address        405 CENTRAL AVE STE 100  
City-State-Zip: ST. PETERSBURG FL 33701-3866

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

Title            TREASURER  
Name            EVANS, MELODY  
Address        405 CENTRAL AVE STE 100  
City-State-Zip: ST PETERSBURG FL 33701

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

Title            SECRETARY  
Name            MESA, IVAN  
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 STRINGFELLOW

PRESIDENT/CEO

08/09/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name THROWER, DEBORAH DR.  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST. PETERSBURG FL 33701-3866

Title DIRECTOR  
Name KENNETH, MALISZEWSKI M.  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST. PETERSBURG FL 33701-3866

Title DIRECTOR  
Name VIAMONTE, BETTY  
Address 405 CENTRAL AVE  
SUITE 100  
City-State-Zip: ST PETERSBURG FL 33701