## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000272

Entity Name: VOLUNTEERS OF AMERICA OF FLORIDA, INC.

**FILED** Feb 19, 2024 **Secretary of State** 4966980676CC

## **Current Principal Place of Business:**

850 5TH AVE SOUTH

1-127

ST. PETERSBURG, FL 33701

# **Current Mailing Address:**

850 5TH AVE SOUTH

1-127

ST. PETERSBURG, FL 33701 US

FEI Number: 58-1856992 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STRINGFELLOW, JANET M 850 5TH AVE SOUTH

1-127

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

Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title PRESIDENT/CEO Title CHAIR

Name STRINGFELLOW, JANET M Name GOODWIN, THOMAS

850 5TH AVE SOUTH 850 5TH AVE SOUTH Address Address 1-127

1-127

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

Title VC Title **SECRETARY** 

Name MESA, IVAN DR. Name THROWER, DEBRA DR.

Address 850 5TH AVE SOUTH Address 850 5TH AVE SOUTH

> 1-127 1-127

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

Title **TREASURER** Title DIRECTOR

EVANS, MELODY ROGERS, JOSEPH Name Name

850 5TH AVE SOUTH 850 5TH AVE SOUTH Address Address

> 1-127 1-127

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

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

Name GATES. DAVID Name **BOWMAN. THOMAS** 

Address 850 5TH AVE SOUTH Address 850 5TH AVE SOUTH 1-127 1-127

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

#### 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.

02/19/2024 SIGNATURE: JANET M, STRINGFELLOW PRESIDENT/ CEO

02/19/2024

# Officer/Director Detail Continued:

Title **DIRECTOR** Title DIRECTOR Name MALISZEWSKI, KENNETH Name RIGG, KHARY

850 5TH AVE SOUTH 850 5TH AVE SOUTH Address Address 1-127

1-127

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

Title **DIRECTOR** Title DIRECTOR

Name VIAMONTES, BETTY Name REYNOLDS, SPENCER Address 850 5TH AVE SOUTH Address 850 5TH AVE SOUTH

1-127

1-127

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