2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000272

Entity Name: VOLUNTEERS OF AMERICA OF FLORIDA, INC.

FILED Feb 10, 2022 Secretary of State 1475588893CC

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 02/10/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

| Title | PRESIDENT/CEO | Title | SECRETARY |
|-------|---------------|-------|-----------|
| | | | |

Name STRINGFELLOW, JANET M Name GOODWIN, THOMAS

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

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

Title DIRECTOR Title DIRECTOR

Name TUTWILER-WHITAKER, ALLISON Name RIGG, KHARY DR.

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

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

Title CHAIRMAN Title VC

Name GUTIERREZ, HELEN Name HARVEY, MAURICE DR.

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 TREASURER Title DIRECTOR

Name EVANS, MELODY Name REYNOLDS, SPENCER

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

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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

02/10/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name MESA, IVAN Name BOWMAN, THOMAS

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

Name KENNETH, MALISZEWSKI M. Name THROWER, DEBORAH DR.
Address 405 CENTRAL AVE STE 100 Address 405 CENTRAL AVE STE 100

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