

**2021 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

04/08/2021

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 SECRETARY  
Name HARVEY, MAURICE DR.  
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 GOODWIN, THOMAS  
Address 405 CENTRAL AVE STE 100  
City-State-Zip: ST. PETERSBURG FL 33701-3866

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

Title VC  
Name GUTIERREZ, HELEN  
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

**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.*

**SIGNATURE:** JANET M. STRINGFELLOW

**REGISTERED AGENT,  
PRESIDENT/CEO**

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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