#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004328

Entity Name: VOLUNTEERS OF AMERICA OF MIAMI, INC.

**FILED** Feb 16, 2022 **Secretary of State** 5238641301CC

# **Current Principal Place of Business:**

405 CENTRAL AVE STE 100 ST PETERSBURG, FL 33701

## **Current Mailing Address:**

405 CENTRAL AVE STE 100 ST PETERSBURG, FL 33701 US

FEI Number: 72-1248954 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

STRINGFELLOW, JANET M 405 CENTRAL AVE STE 100 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 02/16/2022

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail :

Name

Title	PRESIDENT/CEO	Title	VC

STRINGFELLOW, JANET M Name Name HARVEY, MAURICE

Address 405 CENTRAL AVE STE 100 Address 405 CENTRAL AVE STE 100 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 City-State-Zip: City-State-Zip:

**SECRETARY** Title Title DIRECTOR

Name GOODWIN, THOMAS WHITAKER, ALLISON Name

Address 405 CENTRAL AVE STE 100 Address 405 CENTRAL AVE STE 100 ST PETERSBURG FL 33701 City-State-Zip: City-State-Zip: ST PETERSBURG FL 33701

Title **TREASURER** Title **CHAIRMAN** 

Name EVANS, MELODY Name **GUTIERREZ. HELEN** 

Address 405 CENTRAL AVE STE 100 Address 405 CENTRAL AVE STE 100 ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip:

Title DIRECTOR Title DIRECTOR Name MESA, IVAN REYNOLDS, SPENCER

405 CENTRAL AVE STE 100 Address Address 405 CENTRAL AVE STE 100 City-State-Zip: ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 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.

SIGNATURE: JANET M STRINGFELLOW

PRESIDENT/ CEO

02/16/2022

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name BOWMAN, THOMAS Name THROWER, DEBORAH

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 33701-3866

Title DIRECTOR Title DIRECTOR

Name RIGG, KHARY Name MALISZEWSKI, KENNETH

Address 405 CENTRAL AVE Address 405 CENTRAL AVENUE

SUITE 100 SUITE 100

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