

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51293

**Entity Name:** VOLUNTEERS OF AMERICA COMMUNITY HOUSING AND  
DEVELOPMENT CORPORATION OF THE TAMPA BAY AREA, INC.**FILED**  
**Jan 19, 2023**  
**Secretary of State**  
**3705757437CC****Current Principal Place of Business:**200 2ND AVE SOUTH  
436  
ST PETERSBURG, FL 33701**Current Mailing Address:**200 2ND AVE SOUTH  
436  
ST PETERSBURG, FL 33701 US**FEI Number: 58-2030719****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STRINGFELLOW, JANET M  
200 2ND AVE SOUTH  
436  
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****01/19/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT/CEO  
**Name** STRINGFELLOW, JANET M  
**Address** 200 2ND AVE SOUTH  
436  
**City-State-Zip:** ST PETERSBURG FL 33701**Title** DIRECTOR  
**Name** WHITAKER, ALLISON  
**Address** 200 2ND AVE SOUTH  
436  
**City-State-Zip:** ST PETERSBURG FL 33701**Title** TREASURER  
**Name** EVANS, MELODY  
**Address** 200 2ND AVE SOUTH  
436  
**City-State-Zip:** ST PETERSBURG FL 33701**Title** DIRECTOR  
**Name** REYNOLDS, SPENCER  
**Address** 200 2ND AVE SOUTH  
436  
**City-State-Zip:** ST PETERSBURG FL 33701**Title** CHAIRMAN  
**Name** HARVEY, MAURICE R DR.  
**Address** 200 2ND AVE SOUTH  
436  
**City-State-Zip:** ST PETERSBURG FL 33701**Title** VC  
**Name** GOODWIN, THOMAS  
**Address** 200 2ND AVE SOUTH  
436  
**City-State-Zip:** ST PETERSBURG FL 33701**Title** DIRECTOR  
**Name** BOWMAN, THOMAS  
**Address** 200 2ND AVE SOUTH  
436  
**City-State-Zip:** ST PETERSBURG FL 33701**Title** SECRETARY  
**Name** MESA, IVAN  
**Address** 200 2ND AVE SOUTH  
436  
**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****PRESIDENT/CEO****01/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name VIAMONTES, BETTY  
Address 200 2ND AVE SOUTH  
436  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name RIGG, KHARY  
Address 200 2ND AVE SOUTH  
436  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name THROWER, DEBRA  
Address 200 2ND AVE SOUTH  
436  
City-State-Zip: ST PETERSBURG FL 33701