

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90005 031 \*\*\*\*70.00

**DOCUMENT # N98000005185**

1. Entity Name  
**WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP  
PROGRAM, INC.**



Principal Place of Business  
**C/O JENNIFER V. VALOPPI  
15000 SW 27TH ST  
MIRAMAR, FL 33027**

Mailing Address  
**C/O JENNIFER V. VALOPPI  
15000 SW 27TH ST  
MIRAMAR, FL 33027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0862995**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, JONATHAN H  
799 BRICKELL PLAZA STE 700  
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **VALOPPI, JENNIFER V**  
STREET ADDRESS **15000 SW 27TH STREET**  
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **D** ☐ Change ☒ Addition  
NAME **WILLIAMS, SHERRY**  
STREET ADDRESS **80 WALNUT STREET**  
CITY-ST-ZIP **TEANECK, NJ 07666**

TITLE **D** ☐ Delete  
NAME **BROWNE, DON**  
STREET ADDRESS **15000 SW 27 STREET**  
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RUNDLE, KATHERINE F**  
STREET ADDRESS **15000 SW 27 STREET**  
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **HUIZENGA, MARTI**  
STREET ADDRESS **516 MOLA AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SREBNICK, MARITA**  
STREET ADDRESS **545 NW 26 STREET**  
CITY-ST-ZIP **MIAMI, FL 33127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KREEGER, JUDITH JUDGE**  
STREET ADDRESS **MIAMI DADE CIR CT 175 NW 1 AVE RM 2114**  
CITY-ST-ZIP **MIAMI, FL 33128**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with either like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/16/04**

*Cliff Schmitt*  
WOMEN OF TOMORROW



54063170  
N98080005185

**MENTOR & SCHOLARSHIP  
PROGRAM**

July 16, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32314

RE: 2004 Annual Report

To Whom It May Concern::

Enclosed please the Women of Tomorrow Mentor & Scholarship Program's 2004 Not-For-Profit Corporation Annual Report. A check in the amount of \$70.00, to cover the filing fee and a certificate of status, is also enclosed.

Please feel free to contact me should you have any questions at (954) 622-6874.

Sincerely,

J. Bianca Erickson, M.S.  
Director