

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90211 022 \*\*\*\*70.00

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01082007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N98000005185</b> 1. Entity Name <b>WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP PROGRAM, INC.</b>																																																																																																								
Principal Place of Business <b>1220 COLLINS AVENUE STE 210 MIAMI BEACH, FL 33139</b>			Mailing Address <b>PO BOX 191286 MIAMI BEACH, FL 33139</b>																																																																																																					
2. Principal Place of Business - No P.O. Box # <b>111 NE 1st street</b> Suite, Apt. #, etc. <b>912</b>		3. Mailing Address <b>111 NE 1st street</b> Suite, Apt. #, etc. <b>912</b>																																																																																																						
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-0862995</b>																																																																																																				
Zip <b>33132</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																				
6. Name and Address of Current Registered Agent <b>GREEN, JONATHAN H 799 BRICKELL PLAZA STE 700 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																								
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Make check payable to Florida Department of State</b> </div> </div>																																																																																																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.																																																																																																								
SIGNATURE: _____ <b>1-9-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																								