

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005185

FILED
Jan 06, 2009
Secretary of State

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

Current Principal Place of Business:

111 NE 1ST STREET
912
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

111 NE 1ST STREET
912
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 65-0862995 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALOPPI, JENNIFER V
Address: 111 NE 1ST STREET SUITE 912
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: BROWNE, DON
Address: 2290 WEST 8TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: RUNDLE, KATHERINE F
Address: 1350 N W 12TH AVENUE
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: FELDMAN, DONNA
Address: 6141 SUNSET DRIVE SUITE 402
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: SREBNICK, MARITA
Address: 545 NW 26 STREET
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: KREEGER, JUDITH JUDGE
Address: MIAMI DADE CIR CT 175 NW 1 AVE RM 2114
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AMOS, BETTY
Address: 9275 CORAL REEF DRIVE, SUITE 107
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER VALOPPI

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date