


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

01-26-2006 90042 013 ****70.00

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|--|--|--|---|--|--|
| DOCUMENT # N98000005185 | | | |  | |
| 1. Entity Name WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP PROGRAM, INC. | | | | | |
| Principal Place of Business 1220 COLLINS AVENUE STE 210 MIAMI BEACH, FL 33139 | | | Mailing Address PO BOX 191286 MIAMI BEACH, FL 33139 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0862995 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GREEN, JONATHAN H 799 BRICKELL PLAZA STE 700 MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 _____ (NOTE: Registered Agent signature required when reappointing) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | VALOPPI, JENNIFER V | | | | |
| STREET ADDRESS | 1220 COLLINS AVENUE STE 210 | | | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | BROWNE, DON | | | | |
| STREET ADDRESS | 2290 WEST 8TH STREET | | | | |
| CITY-ST-ZIP | HIALEAH, FL 33010 | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | RUNDLE, KATHERINE F | | | | |
| STREET ADDRESS | 1350 N W 12TH AVENUE | | | | |
| CITY-ST-ZIP | MIAMI, FL 33126 | | | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | | | | |
| NAME | WILLIAMS, SHERRY | | | | |
| STREET ADDRESS | 80 WALNUT ST | | | | |
| CITY-ST-ZIP | TEANECK, NJ 07686 | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | SREBNICK, MARITA | | | | |
| STREET ADDRESS | 545 NW 28 STREET | | | | |
| CITY-ST-ZIP | MIAMI, FL 33127 | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | KREGER, JUDITH JUDGE | | | | |
| STREET ADDRESS | MIAMI DADE CIR CT 175 NW 1 AVE RM 2114 | | | | |
| CITY-ST-ZIP | MIAMI, FL 33128 | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| NAME | FELDMAN, DONNA | | | | |
| STREET ADDRESS | 7715 SW 8TH AVE, SUITE 110 | | | | |
| CITY-ST-ZIP | MIAMI, FL 33173 | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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: <u>Jennifer Valoppi</u> 3055386900 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

66002155



01062006 Chg-NP CR2E037 (11/05)



ATTACHMENT

66002155

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP PROGRAM, INC.
PO BOX 191286
MIAMI BEACH, FL 33139

Subject: **WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP PROGRAM,**

Reference Number: **N98000005185**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION