

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003484

**Entity Name:** WOMEN'S TRANSPORTATION SEMINAR OF NORTHEAST FLORIDA CORPORATION

**FILED**  
**Jun 13, 2013**  
**Secretary of State**  
**CC9463362322**

**Current Principal Place of Business:**

100 NORTH MYRTLE AVE  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

P. O. BOX 41201  
JACKSONVILLE,, FL 32203 US

**FEI Number: 26-2750344**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PEAK, ELIZABETH A  
1428 FOREST LANE  
FRUIT COVE, FL 32259 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            PEAK, ELIZABETH A  
Address        1428 FOREST LANE  
City-State-Zip: JACKSONVILLE FL 32259

Title            SEC  
Name            BACCHUS, APRIL  
Address        P.O. BOX 41201  
City-State-Zip: JACKSONVILLE FL 32203

Title            TRES  
Name            RICHTERS, PATRICIA  
Address        P. O. BOX 41201  
City-State-Zip: JACKSONVILLE, FL 32203

*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: ELIZABETH PEAK

PRES

06/13/2013

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date