

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003484

**FILED**  
**Apr 29, 2018**  
**Secretary of State**  
**CC9312044956**

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

**Current Principal Place of Business:**

4870 BRIGHTON DR  
JACKSONVILLE, FL 32217

**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:**

RICHTERS, PATRICIA D  
4870 BRIGHTON DR  
JACKSONVILLE, FL 32217 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: PATRICIA RICHTERS**

**04/29/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRES  
Name           RICHTERS, PATRICIA  
Address        PO BOX 41201  
City-State-Zip: JACKSONVILLE FL 32203

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

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

Title           TRES  
Name           MCNALLY, HOLLY  
Address        PO 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: PATRICIA RICHTERS**

**PRESIDENT**

**04/29/2018**

Electronic Signature of Signing Officer/Director Detail

Date