

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003484

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

**Current Principal Place of Business:**

121 WEST FORSYTH ST  
JACKSONVILLE, FL 32202

**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 POSTAL, AUDREY  
Address P.O. BOX 41201  
City-State-Zip: JACKSONVILLE FL 32203

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

Title TRES  
Name FREEMAN, CHERYL  
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: ELIZABETH PEAK**

**CHAPTER PRESIDENT**

**04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date