

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006582

**FILED  
Feb 18, 2019  
Secretary of State  
2575575545CC**

**Entity Name:** WOMEN'S TRANSPORTATION SEMINAR OF FLORIDA'S CAPITAL AREA, INC

**Current Principal Place of Business:**

1566 VILLAGE SQUARE BLVD.  
SUITE 2  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

1566 VILLAGE SQUARE BLVD.  
SUITE 2  
TALLAHASSEE, FL 32309

**FEI Number: 81-3604273**

**Certificate of Status Desired: No**

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

RICHMOND, ANASTASIA  
1566 VILLAGE SQUARE BLVD  
SUITE 2  
TALLAHASSEE, FL 32309 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: ANASTASIA RICHMOND**

**02/18/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VANDERVALK-OSTRANDER, ANITA  
Address        1566 VILLAGE SQUARE BLVD.  
                 SUITE 2  
City-State-Zip: TALLAHASSEE FL 32309

Title            VP  
Name            MONROY, CARMEN  
Address        1566 VILLAGE SQUARE BLVD, SUITE  
                 2  
City-State-Zip: TALLAHASSEE FL 32309

Title            SEC  
Name            RICHMOND, ANASTASIA  
Address        1566 VILLAGE SQUARE BLVD, SUITE  
                 2  
City-State-Zip: TALLAHASSEE FL 32309

Title            TREASURER  
Name            MATTHEWS, GABRIELLE  
Address        1566 VILLAGE SQUARE BLVD, SUITE  
                 2  
City-State-Zip: TALLAHASSEE FL 32309

Title            PAST PRESIDENT  
Name            COVEN, SHERI  
Address        1566 VILLAGE SQUARE BLVD.  
                 SUITE 2  
City-State-Zip: TALLAHASSEE FL 32309

*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: ANASTASIA RICHMOND**

**SECRETARY**

**02/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date