

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006582

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

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**2283323875CC**

**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:**

BILLIE, VENTIMIGLIA  
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: BILLIE MARIE VENTIMIGLIA**

**04/30/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            SEC  
Name            VENTIMIGLIA, BILLIE  
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            VANDERVALK, ANITA  
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: BILLIE VENTIMIGLIA**

**SECRETARY**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date