

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007282

Entity Name: WOMEN ON THE RISE INTERNATIONAL, INC.**Current Principal Place of Business:**5833 S GOLDENROD RD.
SUITE B #151
ORLANDO, FL 32822**Current Mailing Address:**5833 S. GOLDENROD ROAD, STE B#151
ORLANDO, FL 32822 US**FEI Number:** 81-3388107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLAKE, ARLENE
5833 S GOLDENROD RD.
SUITE B #151
ORLANDO, FL 32822 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	DP
Name	BLAKE, ARLENE
Address	5833 S GOLDENROD RD. SUITE B #151
City-State-Zip:	ORLANDO FL 32822

Title	DIRECTOR
Name	HARTFIELD, CHRISTINA
Address	5833 S GOLDENROD RD. SUITE B #151
City-State-Zip:	ORLANDO FL 32822

Title	DIRECTOR
Name	CARMEL, VALERIE
Address	5833 S. GOLDENROD ROAD, STE B#151
City-State-Zip:	ORLANDO FL 32822

Title	SECRETARY
Name	PRAIRIE, LARISSA
Address	5833 S GOLDENROD RD. SUITE B #151
City-State-Zip:	ORLANDO FL 32822

Title	TREASURER
Name	HAMILTON, MICHELE
Address	5833 S GOLDENROD RD. SUITE B #151
City-State-Zip:	ORLANDO FL 32822

Title	CHAIRMAN
Name	NELSON-STREETE, DELORIA
Address	5833 S GOLDENROD RD. SUITE B #151
City-State-Zip:	ORLANDO FL 32822

Title	DIRECTOR
Name	CARTER, CHANTEL
Address	5833 S. GOLDENROD ROAD, STE B#151
City-State-Zip:	ORLANDO FL 32822

Title	DIRECTOR
Name	SMITH, RESHELL
Address	5833 S GOLDENROD RD. SUITE B #151
City-State-Zip:	ORLANDO FL 32822

Continues on page 2

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: ARLENE BLAKE**PRESIDENT****04/30/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RANSOME, TRAE
Address 5833 S GOLDENROD RD.
SUITE B #151
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR
Name HAIMAN-MARRERO, SAMI
Address 5833 S GOLDENROD RD.
SUITE B #151
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR
Name UPSON, SHONDA
Address 5833 S GOLDENROD RD.
SUITE B #151
City-State-Zip: ORLANDO FL 32822