

**2021 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 D  
Name GROSS, SAMANTHA  
Address 5833 S. GOLDENROD RD. SUITE B #151  
City-State-Zip: ORLANDO FL 32822

Title VC  
Name DUNLAP, TAMMIE  
Address 5833 S. GOLDENROD RD. SUITE B #151  
City-State-Zip: ORLANDO FL 32822

Title SECRETARY  
Name EDWIN-WILLIAMS, TAISHA  
Address 5833 S. GOLDENROD ROAD, STE B#151  
City-State-Zip: ORLANDO FL 32822

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

Title DP  
Name BLAKE, ARLENE  
Address 5833 S GOLDENROD RD. SUITE B #151  
City-State-Zip: ORLANDO FL 32822

Title D  
Name JALHAN, RETU  
Address 5833 S. GOLDENROD SUITE B #151  
City-State-Zip: ORLANDO FL 32822

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

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

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*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**DIRECTOR****04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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