

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000003907

**Entity Name:** ELEVATING WOMEN ENTREPRENEURS, INC.

**Current Principal Place of Business:**

1490 SUNSHADOW DRIVE  
SUITE 1020  
CASSELBERRY, FL 32707

**Current Mailing Address:**

1490 SUNSHADOW DRIVE  
SUITE 1020  
CASSELBERRY, FL 32707 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PEREZ, ANGELICA M  
1490 SUNSHADOW DR.  
SUITE 1020  
CASSELBERRY, FL 32707 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 P  
Name PEREZ, ANGELICA M  
Address 1490 SUNSHADOW DR. SUITE 1020  
City-State-Zip: CASSELBERRY FL 32707

Title VP  
Name DE CARO, AIZA  
Address 327 N US HWY 17-92  
City-State-Zip: LONGWOOD FL 32750

Title SEC  
Name MOSS, MICHELE  
Address 12001 RESEARCH PKWY. SUITE 236  
City-State-Zip: ORLANDO FL 32826

*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:** ANGELICA M PEREZ

**PRESIDENT**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date