Entity Name: WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP PROGRAM, INC.

Current Principal Place of Business:
8400 NW 36 STREET
SUITE 450
DORAL, FL 33166

Current Mailing Address:
8400 NW 36 STREET
SUITE 450
DORAL, FL 33166 US

FEI Number: 65-0862995

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:
GEORGE, BETTY
8400 NW 36 STREET
SUITE 450
DORAL, FL 33166 US

SIGNATURE: BETTY GEORGE 03/17/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title: DP  Name: VALOPPI, JENNIFER V
Address: 8400 NW 36 STREET
SUITE 450
City-State-Zip: DORAL FL 33166

Title: DVP  Name: BROWNE, DON
Address: 8400 NW 36 STREET
SUITE 450
City-State-Zip: DORAL FL 33166

Title: DVP  Name: RUNDLE, KATHERINE F
Address: 1350 N W 12TH AVENUE
City-State-Zip: MIAMI FL 33126

Title: DT  Name: BYINGTON, JAMIE
Address: 8400 NW 36 STREET
SUITE 450
City-State-Zip: DORAL FL 33166

Title: DIRECTOR  Name: SWAEBE, DANIELA
Address: 8400 NW 36 STREET
SUITE 450
City-State-Zip: DORAL FL 33166

Title: DIRECTOR  Name: ROBINSON, TRINA
Address: 8400 NW 36 STREET
SUITE 450
City-State-Zip: DORAL FL 33166

Title: DIRECTOR  Name: NEWMAN, ROBBIN
Address: 8400 NW 36 STREET
SUITE 450
City-State-Zip: DORAL FL 33166

Title: DIRECTOR  Name: SCHNAPP, MARK
Address: 8400 NW 36 STREET
SUITE 450
City-State-Zip: DORAL FL 33166

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: JENNIFER VALOPPI 03/17/2020

Electronic Signature of Signing Officer/Director Detail Date

FOUNDER & PRESIDENT