

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

DOCUMENT# N98000005185

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

**FILED**  
**May 09, 2024**  
**Secretary of State**  
**8040394946CC**

**Current Principal Place of Business:**

4400 BISCAYNE BOULEVARD  
SUITE 580  
MIAMI, FL 33137

**Current Mailing Address:**

4400 BISCAYNE BOULEVARD  
SUITE 580  
MIAMI, FL 33137 US

**FEI Number:** 65-0862995

**Certificate of Status Desired:** No

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

GALL, DARICE EXECUTIVE DIRECTOR  
4400 BISCAYNE BLVD  
SUITE 580  
MIAMI, FL 33137-3212 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:** DARICE GALL

05/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name VALOPPI, JENNIFER V  
Address 4400 BISCAYNE BLVD  
SUITE 580  
City-State-Zip: MIAMI FL 33137-3212

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

Title DT  
Name BYINGTON, JAMIE  
Address 4400 BISCAYNE BLVD  
SUITE 580  
City-State-Zip: MIAMI FL 33137-3212

Title DIRECTOR  
Name SWAEBE, DANIELA  
Address 4400 BISCAYNE BLVD  
SUITE 580  
City-State-Zip: MIAMI FL 33137-3212

Title DIRECTOR  
Name ROBINSON, TRINA  
Address 4400 BISCAYNE BLVD  
SUITE 580  
City-State-Zip: MIAMI FL 33137-3212

Title DIRECTOR  
Name KAUFMAN, ROSITA J  
Address 4400 BISCAYNE BLVD  
SUITE 580  
City-State-Zip: MIAMI FL 33137-3212

Title DIRECTOR  
Name HOLECEK, SHRANKHLA  
Address 4400 BISCAYNE BLVD  
SUITE 580  
City-State-Zip: MIAMI FL 33137-3212

Title DIRECTOR  
Name FEIL LEWIN, SARAH  
Address 4400 BISCAYNE BOULEVARD  
SUITE 580  
City-State-Zip: MIAMI FL 33137

*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

**PRESIDENT**

05/09/2024

