

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 07, 2021
Secretary of State
0743243490CC

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

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: BETTY GEORGE

01/07/2021

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

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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: JENNIFER VALOPPI

FOUNDER & PRESIDENT 01/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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