

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005185

**Entity Name:** WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP PROGRAM, INC.**FILED**  
**Jan 03, 2019**  
**Secretary of State**  
**CC9175937883****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

01/03/2019

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** RUNDLE, KATHERINE F  
**Address** 1350 N W 12TH AVENUE  
**City-State-Zip:** MIAMI FL 33126**Title** DIRECTOR  
**Name** DIMARE, SWANEE  
**Address** 8400 NW 36 STREET  
SUITE 450  
**City-State-Zip:** DORAL FL 33166**Title** DIRECTOR  
**Name** SREBNICK, MARIITA  
**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** DT  
**Name** BYINGTON, JAMIE  
**Address** 8400 NW 36 STREET  
SUITE 450  
**City-State-Zip:** DORAL FL 33166**Title** D.S  
**Name** SILVERS, LAURIE  
**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**Continues on page 2**

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

01/03/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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