

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

DOCUMENT# N98000005185

**Entity Name:** WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP PROGRAM, INC.**FILED**  
**Jan 07, 2021**  
**Secretary of State**  
**0743243490CC****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

**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**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