

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005185

Entity Name: WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP PROGRAM, INC.**FILED**
Jan 14, 2014
Secretary of State
CC7763979663**Current Principal Place of Business:**22 E. FLAGLER ST.
6TH FLOOR
MIAMI, FL 33131**Current Mailing Address:**22 E. FLAGLER ST.
6TH FLOOR
MIAMI, FL 33131 US**FEI Number: 65-0862995****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GREEN, JONATHAN H
799 BRICKELL PLAZA STE 700
MIAMI, FL 33131 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	VALOPPI, JENNIFER V
Address	22 E. FLAGLER ST., 6TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	DVP
Name	BROWNE, DON
Address	22 E. FLAGLER ST., 6TH FLOOR
City-State-Zip:	MIAMI FL 33131

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

Title	DT
Name	BYINGTON, JAMIE
Address	255 ALHAMBRA CIRCLE, SUITE 900
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	TOCCIN, MARISA
Address	22 E. FLAGLER ST., 6TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	HOWARD, ELSIE
Address	22 E. FLAGLER ST. 6TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	DIMARE, SWANEE
Address	22 E. FLAGLER ST. 6TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	SILVERS, LAURIE
Address	22 E. FLAGLER ST. 6TH FLOOR
City-State-Zip:	MIAMI FL 33131

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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**PRESIDENT****01/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SREBNICK, MARIITA
Address	22 E. FLAGLER ST. 6TH FLOOR
City-State-Zip:	MIAMI FL 33131