

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005185

Entity Name: WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP PROGRAM, INC.**FILED**
Jan 05, 2018
Secretary of State
CC9151953663**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

01/05/2018

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	FELDMAN, DONNA
Address	8400 NW 36 STREET SUITE 450
City-State-Zip:	DORAL FL 33166

Title	DIRECTOR
Name	DIMARE, SWANEE
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	SREBNICK, MARIITA
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

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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

01/05/2018

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