

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90730 008 ****61.25

DOCUMENT # N00000003298

1. Entity Name

WOMEN'S JOURNEY, INC.



Principal Place of Business

**4390 N FEDERAL HWY. SUITE 215
FT LAUDERDALE FL 33308**

Mailing Address

**4390 N FEDERAL HWY. SUITE 215
FT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1018180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, ANN M

**4390 N FEDERAL HWY, SUITE 215
FT LAUDERDALE FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIDSON, MAGGIE	
STREET ADDRESS	750 PINE DR, APT 11	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEYNSCHENK, THORA	
STREET ADDRESS	22508 MIDDLETOWN DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LEWIS, ANN	
STREET ADDRESS	4390 N FEDERAL HWY #215	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WEIGLY, MARY	
STREET ADDRESS	7401 SW 5TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	DOMISSIONG, DANIELLE	
STREET ADDRESS	8902 MAHOGANY TERR	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOBAK, RITA	
STREET ADDRESS	9440 LIVE OAK PLACE #105	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	

TITLE	DIRECTOR & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

3/5/03 954-316-9362

CR2E037 (10/02)