

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90203 031 \*\*\*\*61.25

DOCUMENT # N00000005453

1. Entity Name

THE INSTITUTE FOR WOMEN AND WEALTH, INC.



Principal Place of Business

789 S. FEDERAL HWY.. #214  
STUART FL 34994

Mailing Address

789 S. FEDERAL HWY.. #214  
STUART FL 34994

90010970

2. Principal Place of Business

2253 SW Oakhill Way

3. Mailing Address

2253 SW Oakhill Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number 65-1039370

Applied For

Not Applicable

Zip

Country

34990

USA

Zip

34990

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOPKO, JAMES  
853 SE MONTEREY COMMONS BLVD.  
STUART FL 34996

7. Name and Address of New Registered Agent

Name Margaret May Damen

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

2253 SW Oakhill Way

City Palm City

FL

Zip Code

34990

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

Margaret May Damen

*M May Damen*

1-16-03

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

TITLE D ☐ Delete  
NAME DAMEN, MARGARET M  
STREET ADDRESS 2253 SW OAKHILL WAY  
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ Delete  
NAME MAY, DONALD J  
STREET ADDRESS 8339 COURT AVE.  
CITY-ST-ZIP ELLIOTT CITY MD 21043

TITLE D ☐ Delete  
NAME DAMEN, GARY J  
STREET ADDRESS 2253 SW OAKHILL WAY  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 report 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:

*Margaret May Damen*

1-16-03

772-223-9015

CR2E037 (10/02)