APPROVED
06-19-2002 90930 038 ****61.25
N01000003300

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

02 SEP 13 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003300

1. Entity Name

WOMEN WITH A PURPOSE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8732 SW 145 ST	P.O. Box 56-0524
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33176 Country	Zip: 33256 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0545392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SHUNDA T. BROWN

Street Address (P.O. Box Number is Not Acceptable): 8732 SW 145 ST.

City: MIAMI FL Zip Code: 33176

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/D SHUNDA T. BROWN 8732 SW 145 ST MIAMI FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT KELVINA DARLING 148803 SW 107 PL MIAMI FL 33196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/D MARJORIE SMITH 10021 Martinique DR. MIAMI FL 33189
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SYLVIA FIELDS 8732 SW 145 ST MIAMI FL 33176
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CR2E057B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shunda T. Brown 6/1/02 SHUNDA T. BROWN 305 256-9392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #