

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N02000002700

1. Entity Name  
WOMEN OF WELLINGTON, INC.



Principal Place of Business  
208 WELLINGTON F  
W PALM BCH, FL 33417

Mailing Address  
208 WELLINGTON F  
W PALM BCH, FL 33417

**FILED**  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3667991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SOHNEN, BELLA  
208 WELLINGTON F  
W PALM BCH, FL 33417

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYAN, JUDITH 208 WELLINGTON F W PALM BCH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VELCOFF, LENORE 208 WELLINGTON F W PALM BCH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHEONFELD, SANDRA 208 WELLINGTON F W PALM BCH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOHNEN, BELLA 208 WELLINGTON F W PALM BCH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000024122  
02/02/04-80052-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bella Sohner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/04 561-640-8457