

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90038 038 ****61.25

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**



01102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
04-3667991

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	

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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)(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: BELLA SOHNEN, Bella Sohnen, Treasurer 1/19/05 561-640-8457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #