

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**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**



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 SHOVELTON, CAROLL 307 WELLINGTON D WEST PALM BEACH, 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	VD MARX, MARJORIE 306 WELLINGTON A WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000646203  
03/06/07-80020-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Soenen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/07

561-640-8457