

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006022

FILED
Apr 03, 2009
Secretary of State

Entity Name: WOMAN TO WOMAN GLOBAL MENTORSHIP INC.

Current Principal Place of Business:

4905 PINE NEEDLE DR.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4905 PINE NEEDLE DR.
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 26-2806585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARDNER, GAIL
4905 PINE NEEDLE DR.
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARDNER, GAIL
Address: 4905 PINE NEEDLE DR.
City-St-Zip: ORLANDO, FL 32808

Title: TD () Delete
Name: FOLSON, AUDREY
Address: 7731 REX HILL TRAIL
City-St-Zip: ORLANDO, FL 32818

Title: SD () Delete
Name: ELLIOTT-MCINTOSH, GWENDOLYN
Address: 40 WEST 135TH STREET
City-St-Zip: NEW YORK, NY 10037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GARDNER, GAIL
Address: 4905 PINE NEEDLE DR.
City-St-Zip: ORLANDO, FL 32808

Title: TREA (X) Change () Addition
Name: FOLSON, AUDREY
Address: 7731 REX HILL TRAIL
City-St-Zip: ORLANDO, FL 32818

Title: VP (X) Change () Addition
Name: ELLIOTT-MCINTOSH, GWENDOLYN
Address: 40 WEST 135TH STREET
City-St-Zip: NEW YORK, NY 10037

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL F. GARDNER

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date