

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006022

**FILED**  
**Apr 12, 2011**  
**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 ( )**

**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:** PRES  
**Name:** GARDNER, GAIL  
**Address:** 4905 PINE NEEDLE DR.  
**City-St-Zip:** ORLANDO, FL 32808

**Title:** TREA  
**Name:** FOLSON, AUDREY  
**Address:** 7731 REX HILL TRAIL  
**City-St-Zip:** ORLANDO, FL 32818

**Title:** VP  
**Name:** ELLIOTT-MCINTOSH, GWENDOLYN  
**Address:** 40 WEST 135TH STREET  
**City-St-Zip:** NEW YORK, NY 10037

I hereby 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 all other like empowered.

**SIGNATURE:** GAIL F. GARDNER

PRES

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date