

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

DOCUMENT # N98000005185

1. Entity Name

WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP
PROGRAM, INC.



Principal Place of Business

C/O JENNIFER V. VALOPPI
15000 SW 27TH ST
MIRAMAR FL 33027

Mailing Address

C/O JENNIFER V. VALOPPI
15000 SW 27TH ST
MIRAMAR FL 33027

2. Principal Place of Business

1220 Collins Avenue

Suite, Apt. #, etc.

Suite 210

City & State

Miami Beach, FL

3. Mailing Address

P.O. Box 191286

Suite, Apt. #, etc.

City & State

Miami Beach, FL



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0862995

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, JONATHAN H
799 BRICKELL PLAZA STE 700
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VALOPPI, JENNIFER V
STREET ADDRESS 15000 SW 27TH STREET
CITY-ST-ZIP MIRAMAR FL 33027

TITLE D ☐ Delete
NAME BROWNE, DON
STREET ADDRESS 15000 SW 27 STREET
CITY-ST-ZIP MIRAMAR FL 33027

TITLE D ☐ Delete
NAME RUNDLE, KATHERINE F
STREET ADDRESS 15000 SW 27 STREET
CITY-ST-ZIP MIRAMAR FL 33027

TITLE D ☐ Delete
NAME WILLIAMS, SHERRY
STREET ADDRESS 80 WALNUT ST
CITY-ST-ZIP TEANECK NJ 07666

TITLE D ☐ Delete
NAME SREBNICK, MARITA
STREET ADDRESS 545 NW 26 STREET
CITY-ST-ZIP MIAMI FL 33127

TITLE D ☐ Delete
NAME KREEGER, JUDITH JUDGE
STREET ADDRESS MIAMI DADE CIR CT 175 NW 1 AVE RM 2114
CITY-ST-ZIP MIAMI FL 33128

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Donna Feldman
STREET ADDRESS 7775 SW 87th Avenue, Suite 210
CITY-ST-ZIP Miami, FL 33173

TITLE D ☒ Change ☐ Addition
NAME Valoppi, Jennifer V
STREET ADDRESS 1220 Collins Avenue, Suite 210
CITY-ST-ZIP Miami Beach, FL 33139

TITLE D ☒ Change ☐ Addition
NAME Browne, Don
STREET ADDRESS 2290 West 8th street
CITY-ST-ZIP Hialeah, FL 33010

TITLE D ☒ Change ☐ Addition
NAME Rundle, Katherine F
STREET ADDRESS 1350 NW 12th Avenue
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2005

Date

(305) 538-6900

Daytime Phone #