

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90028 038 *****70.00

DOCUMENT # N98000005185

1. Entity Name
**WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP
PROGRAM, INC.**



Principal Place of Business
**111 NE 1ST STREET
912
MIAMI, FL 33132 US**

Mailing Address
**111 NE 1ST STREET
912
MIAMI, FL 33132 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☐ Delete
NAME **D VALOPPI, JENNIFER V**
STREET ADDRESS **111 NE 1ST STREET SUITE 912**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Delete
NAME **D BROWNE, DON**
STREET ADDRESS **2290 WEST 8TH STREET**
CITY-ST-ZIP **HALEAH, FL 33010**

TITLE ☐ Delete
NAME **D RUNDLE, KATHERINE F**
STREET ADDRESS **1350 N W 12TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete
NAME **D FELDMAN, DONNA**
STREET ADDRESS **6141 SUNSET DRIVE SUITE 402**
CITY-ST-ZIP **MIAMI, FL 33143**

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

TITLE ☐ Delete
NAME **D 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 ☐ Change ☒ Addition
NAME **D BETTY AMOS**
STREET ADDRESS **9275 CORAL REEF DR, SUITE 107**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Change ☒ Addition
NAME **D MARISA TOCCO**
STREET ADDRESS **111 NE 1ST STREET, SUITE 912**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Change ☒ Addition
NAME **D DR. DIANE WALDER**
STREET ADDRESS **1111 KANE CONCOURSE, SUITE 100**
CITY-ST-ZIP **BAL HARBOUR ISLANDS, FL 33154**

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

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 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:

Jennifer Valoppi
Jennifer Valoppi

1/3/2008 305-371-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #