

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006368

Entity Name: WOMEN OF WISDOM OUTREACH CENTER INC.**Current Principal Place of Business:**111 AVE R NE
SUITE S
WINTER HAVEN, FL 33881**Current Mailing Address:**111 AVE R NE
101
WINTER HAVEN, FL 33881 US**FEI Number:** 46-3038294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARRISH, ANNETTE
1989 15TH CT NW
WINTER HAVEN, FL 33881 US*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**Officer/Director Detail :**

Title	CHAIR 1
Name	PARRISH, JOHNNIE LEE
Address	1989 15TH CT NW
City-State-Zip:	WINTER HAVEN FL 33881

Title	CFO, TREASUER 1
Name	HOWARD, PATRICE LATOYA
Address	1989 15TH NW
City-State-Zip:	WINTER HAVEN FL 33881

Title	EXECUTIVE SECRETARY
Name	PARRISH , ANNETTE N
Address	1989 15TH CT NW
City-State-Zip:	WINTER HAVEN FL 33881

Title	PRESIDENT- TREASUER 2
Name	HOWARD, JOHNNIE IV
Address	1989 15TH CT NW
City-State-Zip:	WINTER HAVEN FL 33881

Title	VC
Name	HOWARD , RUNNETTE
Address	2000 15TH CT NW 20
City-State-Zip:	WINTER HAVEN FL 33881

Title	CHAIR 2
Name	HOWARD, JOHANNA S
Address	1989 15TH COURT NW
City-State-Zip:	WINTER HAVEN FL 33881

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: HOWARD PATRICE

CFO

03/13/2025

Electronic Signature of Signing Officer/Director Detail_____
Date