

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007417

Entity Name: METAMORPHOSIS WOMEN'S ENCOUNTER INC.**Current Principal Place of Business:**8990 HERMANCE CT.
JACKSONVILLE, FL 32216**Current Mailing Address:**8990 HERMANCE CT.
JACKSONVILLE, FL 32216**FEI Number:** 38-3911191**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BERTRAND, MARK J
499 N. STATE RD.
SUITE 434
ALTAMONTE SPRINGS, FL 32714 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	CEO AND MANAGING DIRECTOR
Name	ROGERS, MONIQUE J
Address	8990 HERMANCE CT.
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP, TREASURER
Name	ROGERS, DONNY Q
Address	8990 HERMANCE CT.
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	LEE, KALICA R
Address	15891 BAINBRIDGE DR.
City-State-Zip:	JACKSONVILLE FL 32218

Title	SECRETARY
Name	POITIER, MICHELLE
Address	8151 ALDERMAN RD APT. # 306
City-State-Zip:	JACKSONVILLE FL 32211

Title	DIRECTOR
Name	MORALES, MONICA
Address	8450 GATE PARKWAY WEST APT.# 1232
City-State-Zip:	JACKSONVILLE FL 32216

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: MONIQUE J. ROGERSCEO AND MANAGING
DIRECTOR

04/29/2017

Electronic Signature of Signing Officer/Director Detail_____
Date