

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007417

Entity Name: METAMORPHOSIS WOMEN'S ENCOUNTER INC.**Current Principal Place of Business:**6501 ARLINGTON EXPRESSWAY
B105 #7562
JACKSONVILLE, FL 32211**Current Mailing Address:**6501 ARLINGTON EXPRESSWAY
B105 #7562
JACKSONVILLE, FL 32211 US**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	FOUNDER AND EXECUTIVE DIRECTOR
Name	ROGERS, MONIQUE J
Address	2684 SALT LAKE DR
City-State-Zip:	JACKSONVILLE FL 32211

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

Title	DIRECTOR
Name	ROGERS, ZACARI D.
Address	2684 SALT LAKE DR
City-State-Zip:	JACKSONVILLE FL 32211

Title	TREASURER
Name	ROGERS, DONNY Q
Address	2684 SALT LAKE DR
City-State-Zip:	JACKSONVILLE FL 32211

Title	DIRECTOR
Name	COLLINS, MONICA
Address	3857 LIONHEART DRIVE
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. ROGERS**EXECUTIVE DIRECTOR
AND FOUNDER****04/17/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date