2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 06, 2025
Secretary of State
3654440132CC

DOCUMENT# N24000003705

Entity Name: A WOMAN OF EXPERIENCE INC.

Current Principal Place of Business:

5104 ARROWSMITH RD
JACKSONVILLE, FL 32208

Current Mailing Address:

5104 ARROWSMITH RD
JACKSONVILLE, FL 32208 US

FEI Number: 99-1279362

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

POLITE PATTON, AJAZZA A
5104 ARROWSMITH RD
JACKSONVILLE, FL 32208 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
Name	MARTIN, JESSICA B
Address	5104 ARROWSMITH RD
City-State-Zip:	JACKSONVILLE FL 32208

Title	VP
Name	POLITE-PATTON, AJAZZA A
Address	5104 ARROWSMITH RD
City-State-Zip:	JACKSONVILLE FL 32208

Title	D
Name	KITCHEN, ANTHONY B JR.
Address	5104 ARROWSMITH RD
City-State-Zip:	JACKSONVILLE FL 32208

Title	D
Name	POLITE PATTON, AJAZZA A
Address	5104 ARROWSMITH RD
City-State-Zip:	JACKSONVILLE FL 32208

Title	DIRECTOR
Name	CADE, GALA CAREE
Address	6125 GREENBERRY LANE
City-State-Zip:	JACKSONVILLE FL 32211

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: GALA CAREE CADE DIRECTOR 06/06/2025

Electronic Signature of Signing Officer/Director Detail — Date