

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008282

**Entity Name:** WOMEN WIN FOUNDATION, INC.

**Current Principal Place of Business:**

10985 90TH AVE N  
SEMINOLE, FL 33772

**Current Mailing Address:**

10985 90TH AVE N  
SEMINOLE, FL 33772 US

**FEI Number: 26-4645645**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MATUSKA, NICOLE  
10985 90TH AVE N  
SEMINOLE, FL 33772 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 S  
Name ANDREWS, SARA K  
Address 116 VARNUM STREET  
City-State-Zip: ARLINGTON MA 02474

Title C  
Name AAFJES , ASTRID  
Address 1332 N. CEDAR BROOK RD.  
City-State-Zip: BOULDER CO 80304

Title TREASURER  
Name THRAMER, PATRICE  
Address 638 SW 5TH AVE.  
City-State-Zip: PORTLAND OR 97204

Title TRUSTEE  
Name BOBENREITH, MARIA  
Address RAPENBURGERSTRAAT 173  
City-State-Zip: AMSTERDAM 1011 VM

Title ACTING DIRECTOR  
Name MATUSKA, NICOLE  
Address 10985 90TH AVENUE  
City-State-Zip: SEMINOLE FL 33772

*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: NICOLE MATUSKA**

**ACTING DIRECTOR**

**07/02/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date