

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008282

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

**Current Principal Place of Business:**

116 VARNUM STREET  
ARLINGTON, MA 02474

**Current Mailing Address:**

20 SOUTHWIND DR.  
BELLEAIR BLUFFS, FL 33770 US

**FEI Number:** 26-4645645

**Certificate of Status Desired:** No

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

MATUSKA, NICOLE  
20 SOUTHWIND DR.  
BELLEAIR BLUFFS, FL 33770 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	TRUSTEE
Name	THRAMER, PATRICE
Address	1804 SE 56TH AVE.
City-State-Zip:	PORTLAND OR 97215
Title	DIRECTOR
Name	MATUSKA, NICOLE
Address	20 SOUTHWIND DR.
City-State-Zip:	BELLEAIR BLUFFS FL 33770

Title	C
Name	AAFJES , ASTRID
Address	RAPENBURGERSTRAAT 173
City-State-Zip:	AMSTERDAM 1011 VM
Title	TRUSTEE
Name	BOBENREITH, MARIA
Address	RAPENBURGERSTRAAT 173
City-State-Zip:	AMSTERDAM 1011 VM
Title	TREASURER
Name	WESELY, MARISSA
Address	333 CENTRAL PARK W APT. 116
City-State-Zip:	NEW YORK NY 10025

*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

**DIRECTOR**

**03/11/2024**

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

\_\_\_\_\_  
Date