

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N2100000814

**Entity Name:** WOMEN OF VALOR COLLECTIVE, INC.

**Current Principal Place of Business:**

4719 WESCH BLVD  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9802 BAYMEADOWS RD, STE 12 PMB 154  
JACKSONVILLE, FL 32256 US

**FEI Number: 86-2190092**

**Certificate of Status Desired: Yes**

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

BLOUNT, MELISSA  
4719 WESCH BLVD  
JACKSONVILLE, FL 32256 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 PD  
Name BLOUNT, MELISSA  
Address 9802 BAYMEADOWS RD, STE 12 PMB  
154  
City-State-Zip: JACKSONVILLE FL 32256

Title SD  
Name CARTER, MICHELE  
Address 9802 BAYMEADOWS RD, STE 12 PMB  
154  
City-State-Zip: JACKSONVILLE FL 32256

Title TD  
Name WHITE, TAURI  
Address 9802 BAYMEADOWS RD, STE 12 PMB  
154  
City-State-Zip: JACKSONVILLE FL 32256

Title D  
Name DIVINCENTIS, JEAN  
Address 9802 BAYMEADOWS RD, STE 12 PMB  
154  
City-State-Zip: JACKSONVILLE FL 32256

Title VPD  
Name HALL, JESSICA  
Address 9802 BAYMEADOWS RD, STE 12 PMB  
154  
City-State-Zip: JACKSONVILLE FL 32256

*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: MELISSA BLOUNT**

**PRESIDENT**

**04/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date