

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jan 05, 2007
Secretary of State**

DOCUMENT# 740714

Entity Name: THE CENTRE FOR WOMEN, INC.**Current Principal Place of Business:**305 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606**New Principal Place of Business:****Current Mailing Address:**305 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606**New Mailing Address:**

FEI Number: 59-1787902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:FICQUETTE, SARAH B
305 S HYDE PARK AVE
TAMPA, FL 33606 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:Title: D () Delete
Name: FICQUETTE, SARAH B
Address: 305 S. HYDE PARK AVE
City-St-Zip: TAMPA, FL 33606Title: D () Delete
Name: SHORROCK, BILL
Address: 3124 S. JULIA CIRCLE
City-St-Zip: TAMPA, FL 33629Title: S () Delete
Name: VESCHIO, VICTOR
Address: 201-A S. ARRAWANA AVE
City-St-Zip: TAMPA, FL 33609Title: P () Delete
Name: BROOKS, ANTHONY
Address: 13850 SHELDON ROAD
City-St-Zip: TAMPA, FL 33626Title: V () Delete
Name: SCOURTES, MARY D
Address: 824 S. DELAWARE AVE
City-St-Zip: TAMPA, FL 33606Title: T () Delete
Name: DUMALA, KATIE
Address: 5350 TECH DATA DR
City-St-Zip: CLEARWATER, FL 33760**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SARAH B. FICQUETTE

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date