

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740714

FILED
Jan 02, 2008
Secretary of State

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 33606

Title: D () Delete
Name: SHORROCK, BILL
Address: 3124 S. JULIA CIRCLE
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: VESCHIO, VICTOR
Address: 201-A S. ARRAWANA AVE
City-St-Zip: TAMPA, FL 33609

Title: P () Delete
Name: BROOKS, ANTHONY
Address: 13850 SHELDON ROAD
City-St-Zip: TAMPA, FL 33626

Title: V () Delete
Name: SCOURTES, MARY D
Address: 824 S. DELAWARE AVE
City-St-Zip: TAMPA, FL 33606

Title: 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: P (X) Change () Addition
Name: HEPPNER, REBEKAH
Address: 4803 W. DRYAD STREET
City-St-Zip: TAMPA, FL 33629

Title: V (X) Change () Addition
Name: GONZMART SHELLMAN, LAUREN
Address: 305 S. HYDE PARK AVE.
City-St-Zip: TAMPA, FL 33606

Title: T (X) Change () Addition
Name: PIERCE, MELISSA K
Address: 3210 W. HARBOR VIEW AVE.
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify 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 FICQUETTE

D

01/02/2008

Electronic Signature of Signing Officer or Director

Date