

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740714

FILED  
Jan 26, 2009  
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: S      ( ) Delete  
Name: VESCHIO, VICTOR  
Address: 201-A S. ARRAWANA AVE  
City-St-Zip: TAMPA, FL 33609

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: BROWN, JEANETTA  
Address: 305 S. HYDE PARK AVE.  
City-St-Zip: TAMPA, FL 33606

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 B. FICQUETTE

D

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date