

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Mar 03, 2010  
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 ( )

**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  
Name: FICQUETTE, SARAH B  
Address: 305 S. HYDE PARK AVE  
City-St-Zip: TAMPA, FL 33606Title: P  
Name: VESCHIO, VICTOR  
Address: 201-A S. ARRAWANA AVE  
City-St-Zip: TAMPA, FL 33609Title: S  
Name: EDWARDS, BILL  
Address: 4224 W. HENDERSON BLVD  
City-St-Zip: TAMPA, FL 33629Title: VP  
Name: BROWN, JEANETTA  
Address: 8821 SEA ISLAND WAY  
City-St-Zip: TAMPA, FL 33635Title: T  
Name: BROWN, DEIRDRE A  
Address: 3008 W. SAN RAFAEL ST  
City-St-Zip: TAMPA, FL 33629

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: SARAH B. FICQUETTE

D

03/03/2010

Electronic Signature of Signing Officer or Director

Date