

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740714

FILED  
Jan 06, 2012  
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  
Name: FICQUETTE, SARAH B  
Address: 305 S. HYDE PARK AVE  
City-St-Zip: TAMPA, FL 33606

Title: VP  
Name: EVERLOVE, NORA  
Address: 305 S. HYDE PARK AVE  
City-St-Zip: TAMPA, FL 33606

Title: S  
Name: EVERLOVE-STONE, KATIE  
Address: 5450 7TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: P  
Name: BROWN, DEIRDE  
Address: 3008 W. SAN RAFAEL ST  
City-St-Zip: TAMPA, FL 33629

Title: T  
Name: BRUCE, KIMBERLY  
Address: 935 HABOUR BAY DRIVE  
City-St-Zip: TAMPA, FL 33602

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

01/06/2012

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

\_\_\_\_\_  
Date