

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004318

FILED
Apr 30, 2009
Secretary of State

Entity Name: CWF WOMEN OF EXCELLENCE, INC.

Current Principal Place of Business:

1801 ANASTASIA WAY SOUTH
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

1801 ANASTASIA WAY SOUTH
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 56-2415560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ADA B
1801 ANASTASIA WAY SOUTH
ST PETERSBURG, FL 33712 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: PD () Delete
Name: DAVIS, ADA B
Address: 1801 ANASTASIA WAY SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: VPD () Delete
Name: GIBSON, ANNA
Address: 110 BARKFIELD STREET
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: BROWN, DONTA
Address: 1408 BUCKWOOD
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: FRANKLIN, SANDRAN
Address: 2121 SECOND ST. APT B
City-St-Zip: TAMPA, FL 33621

Title: D () Delete
Name: THOMPSON, MARY
Address: 8310 N. SOONER RD
City-St-Zip: OKLAHOMA CITY, OK 73151

Title: D () Delete
Name: GRAY, ELOISE
Address: 9133 ORCHARD BLVD
City-St-Zip: MIDWEST CITY, OK 73130

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
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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 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: ADA B. DAVIS

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date