

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004318

FILED
Apr 30, 2012
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 (X)

Name and Address of Current Registered Agent:

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

Title: VPD
Name: BROWN, JULIA
Address: 1801 ANASTASIA WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: SD
Name: BANKS, VANESSA
Address: 9609 WOODLAND RIDGE
City-St-Zip: TAMPA, FL 33637

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

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

Title: D
Name: FIGUEROA, WDNDY
Address: 27363 SW 143 CT
City-St-Zip: HOMESTEAD, FL 33032

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: ADA B DAVIS

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date