

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 13, 2012
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:**MADSEN, ANN W
305 S HYDE PARK AVE
TAMPA, FL 33606 US

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: ANN MADSEN

06/13/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: D
Name: MADSEN, ANN W
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: ANN MADSEN

D

06/13/2012

Electronic Signature of Signing Officer or Director_____
Date