

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740714

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC1859561593**

**Entity Name:** THE CENTRE FOR WOMEN, INC.

**Current Principal Place of Business:**

305 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606

**Current Mailing Address:**

305 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606

**FEI Number:** 59-1787902

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D	Title	TREASURER
Name	MADSEN, ANN W	Name	CARUSO, KIM
Address	305 S. HYDE PARK AVE	Address	305 SOUTH HYDE PARK AVENUE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	PRESIDENT	Title	VP
Name	JIMENEZ, CHRIS	Name	HEMANI, SUL
Address	3201 N. FLORIDA AVE	Address	305 SOUTH HYDE PARK AVENUE
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	TAMPA FL 33606

*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 W MADSEN

**EXECUTIVE DIRECTOR**

**02/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date