

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740714

**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
Name	MADSEN, ANN W
Address	305 S. HYDE PARK AVE
City-State-Zip:	TAMPA FL 33606

Title	TREASURER
Name	CARUSO, KIM
Address	305 SOUTH HYDE PARK AVENUE
City-State-Zip:	TAMPA FL 33606

Title	PRESIDENT
Name	DABOLL, LYNNE
Address	305 SOUTH HYDE PARK AVENUE
City-State-Zip:	TAMPA FL 33606

Title	VP
Name	STEVENS, AMANDA
Address	305 SOUTH HYDE PARK AVENUE
City-State-Zip:	TAMPA FL 33606

Title	SECRETARY
Name	THOMAS, NATALIE
Address	305 SOUTH HYDE PARK AVENUE
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****04/01/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date