

**2013 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:** Yes

**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 VP  
Name EVERLOVE, NORA  
Address 305 S. HYDE PARK AVE  
City-State-Zip: TAMPA FL 33606

Title S  
Name EVERLOVE-STONE, KATIE  
Address 5450 7TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title P  
Name BROWN, DEIRDE  
Address 3008 W. SAN RAFAEL ST  
City-State-Zip: TAMPA FL 33629

Title T  
Name BRUCE, KIMBERLY  
Address 935 HABOUR BAY DRIVE  
City-State-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 W MADSEN

**EXECUTIVE DIRECTOR**

**01/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date