

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004318

**Entity Name:** CWF WOMEN OF EXCELLENCE, INC.

**Current Principal Place of Business:**

1801 ANASTASIA WAY SOUTH  
ST PETERSBURG, FL 33712

**Current Mailing Address:**

1801 ANASTASIA WAY SOUTH  
ST PETERSBURG, FL 33712

**FEI Number: 56-2415560**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

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

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

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

Title D  
Name HILL, DEBORAH  
Address 1996 58 CIRCLE SOUTH  
City-State-Zip: ST PETERSBURG FL 33712

Title DIRECTOR  
Name BRIDE, ALTERMAE  
Address 2700 69TH AVE  
City-State-Zip: ST. PETERSBURG FL 33712

Title COO  
Name DAVIS, CLARENCE EPHRAM PHD  
Address 1801 ANASTASIA WAY SOUTH  
City-State-Zip: ST PETERSBURG FL 33712

*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**

**PRESIDENT**

**04/08/2018**

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

\_\_\_\_\_  
Date