

2014 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 TREASURER
Name EDMOND, CALLIE
Address 1438 SHELL FLOWER
City-State-Zip: BANDON FL 33511

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

Title D
Name REED, MARY L
Address 716 64TH AVE SOUTH
City-State-Zip: HOMESTEAD FL 33705

Title DIRECTOR
Name BRIDE, ALTERMAE
Address 2700 69TH AVE
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/FOUNDER

01/31/2014

Electronic Signature of Signing Officer/Director Detail

Date