

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90032 042 ****61.25



DOCUMENT # N02000006557
 1. Entity Name
 CORNERSTONE CENTER FOR WOMEN, INC.

Principal Place of Business
 37511 CHURCH AVENUE
 BUILDING B
 DADE CITY, FL 33525

Mailing Address
 PO BOX 1654
 DADE CITY, FL 33526



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02042004 Chg-NP CR2E037 (10/03)

4. FEI Number
 13-4236398 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CROSS, HEIDI
 37511 CHURCH AVE.
 BUILDING B
 DADE CITY, FL 33525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	CROSS, HEIDI 37511 CHURCH AVE. BLDG B DADE CITY, FL 33525	TITLE D	Keith, Fay 37511 Church Ave. Bldg B Dade City, FL 33525
TITLE CD	TYUS, JOE 37511 CHURCH AVE. BLDG. B DADE CITY, FL 33525	TITLE D	Borden, Mark 37511 Church Ave Bldg B Dade City, FL 33525
TITLE SSD	CRANE, TOM 37511 CHURCH AVE. BLDG. B DADE CITY, FL 33525	TITLE D	Poss Kevin 37511 Church Ave Bldg B Dade City, FL 33525
TITLE TD	JONES, MARGARET 37511 CHURCH AVE. BLDG. B DADE CITY, FL 33525		
TITLE SD	SMITH, SUSAN 37511 CHURCH AVE. BLDG. B DADE CITY, FL 33525		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Heidi V Cross Date: 2/12/04 352-567-5777 Daytime Phone #