

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2005
Secretary of State**

DOCUMENT# N02000006557

Entity Name: CORNERSTONE CENTER FOR WOMEN, INC.

Current Principal Place of Business:

37511 CHURCH AVENUE
BUILDING B
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

PO BOX 1654
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 13-4236398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSS, HEIDI
37511 CHURCH AVE.
BUILDING B
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CROSS, HEIDI
Address: 37511 CHURCH AVE. BLDG B
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: KEITH, FAY
Address: 37511 CHURCH AVE., BLDG. B
City-St-Zip: DADE CITY, FL 33525

Title: SSD () Delete
Name: CRAINE, TOM
Address: 37511 CHURCH AVE. BLDG. B
City-St-Zip: DADE CITY, FL 33525

Title: TD () Delete
Name: JONES, MARGARET
Address: 37511 CHURCH AVE. BLDG. B
City-St-Zip: DADE CITY, FL 33525

Title: SD () Delete
Name: SMITH, SUSAN
Address: 37511 CHURCH AVE. BLDG. B
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: BORDEN, MARK
Address: 37511 CHURCH AVE., BLDG. B
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HEIDI CROSS

D

03/22/2005

Electronic Signature of Signing Officer or Director

Date