

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006557

FILED
Apr 15, 2009
Secretary of State

Entity Name: CORNERSTONE CENTER FOR WOMEN, INC.

Current Principal Place of Business:

14310 10TH ST
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

14310 10TH ST
DADE CITY, FL 33523

New Mailing Address:

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

Name and Address of Current Registered Agent:

CROSS, HEIDI V
14310 10TH ST
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

CROSS, HEIDI V
14310 10TH ST
DADE CITY, FL 33523 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: HEIDI V CROSS

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CROSS, HEIDI V
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

Title: C/D () Delete
Name: CRAINE, TOM
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

Title: T/D () Delete
Name: JONES, MARGARET A
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

Title: S/D () Delete
Name: CARR, ROSALYN
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: MEAD, JUDY
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: KEITH, FAY
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARVEY, JAMES
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

Title: D (X) Change () Addition
Name: KRUMMEN, BONNIE
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

Title: T/D (X) Change () Addition
Name: JONES, MARGARET A
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

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 exemption stated in Chapter 119, 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: MARGARET A JONES

T/D

04/15/2009

Electronic Signature of Signing Officer or Director

Date