

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006557

FILED
Feb 11, 2011
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 ()

Name and Address of Current Registered Agent:

CROSS, HEIDI V EX DIR
14310 10TH ST
DADE CITY, FL 33523 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
Name: CROSS, HEIDI V
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

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

Title: D
Name: BYARS, CHRIS
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

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

Title: D
Name: JONES, MARGARET
Address: 14310 10TH ST
City-St-Zip: DADE CITY, FL 33523

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

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: HEIDI CROSS

D

02/11/2011

Electronic Signature of Signing Officer or Director

_____ Date