

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006557

FILED  
Apr 09, 2012  
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: WILLIAMS, PAUL  
Address: 14310 10TH ST  
City-St-Zip: DADE CITY, FL 33523

Title: VCHD  
Name: MORRIS, KEVIN  
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: 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 V CROSS

D

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date