

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:18

DOCUMENT # 724051 (8)

1. Corporation Name

TAMPA, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

2520 PINETTA CT
HOLIDAY FL 34691
US

2520 PINETTA CT
HOLIDAY FL 34691
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/07/1972** 3a. Date of Last Report **02/10/1994**

4. FEI Number **23-7061089** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVA, CHERYL C
2520 PINETTA CT
HOLIDAY FL 34691

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Cheryl C. Silva

Cheryl C. Silva, Treasurer

1/25/95

Signature, name or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME SILVA, CHERYL
STREET ADDRESS 2520 PINETTA CT
CITY-ST-ZIP HOLIDAY FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VP
NAME SMITH, CARA
STREET ADDRESS 9298 CARR RD
CITY-ST-ZIP RIVERVIEW FL

2.1 TITLE **PRESIDENT** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
NAME FREEMAN, JENNIFER
STREET ADDRESS 9060 ELLIOTT CIR.
CITY-ST-ZIP TAMPA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D
NAME PALMER, DEBRA
STREET ADDRESS 2910 BAY TO BAY BLVD #218
CITY-ST-ZIP TAMPA FL

4.1 TITLE **DIRECTOR** Change Addition
4.2 NAME **JANA BEARRY**
4.3 STREET ADDRESS **14409 N. NEBRASKA AVE**
4.4 CITY-ST-ZIP **TAMPA, FL 33613**

D
NAME GRIVNA, FRANCENE
STREET ADDRESS 4518 W. IDLEWILD AVENUE.
CITY-ST-ZIP TAMPA FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

P
NAME PLODZIEN, GAYLENE
STREET ADDRESS 10404 BRIGANTINE BLVD.
CITY-ST-ZIP TAMPA FL

6.1 TITLE **VICE PRESIDENT** Change Addition
6.2 NAME **LAUREN MARRAMA**
6.3 STREET ADDRESS **4803 EAST 7TH AVE**
6.4 CITY-ST-ZIP **TAMPA, FL 33605**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cheryl C. Silva

Cheryl C. Silva, Treasurer

1/25/95 (813) 725-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #