

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 724051 (8)**

1. Corporation Name  
**TAMPA, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.**



Principal Place of Business  
**2520 PINETTA CT  
HOLIDAY FL 34691  
US**

Mailing Address  
**2520 PINETTA CT  
HOLIDAY FL 34691  
US**

3. Date Incorporated or Qualified **08/07/1972** 3a. Date of Last Report **02/09/1995**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.

2a. Mailing Address  
**26** *P.O. Box 20502*

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

**22** City & State

27. City & State  
**28** *TAMPA, FLORIDA*

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

**23** Zip Country

29. Zip Country  
**29** *33622-0502* **30** *USA*

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

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

**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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed 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**

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SILVA, CHERYL</b>	
STREET ADDRESS	<b>2520 PINETTA CT</b>	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, CARA</b>	
STREET ADDRESS	<b>9298 CARR RD</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREEMAN, JENNIFER</b>	
STREET ADDRESS	<b>9060 ELLIOTT CIR.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BEARRY, JANA</b>	
STREET ADDRESS	<b>14409 N. NEBRASKA AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIVNA, FRANCENE</b>	
STREET ADDRESS	<b>4518 W. IDLEWILD AVENUE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARRAMA, LAUREN</b>	
STREET ADDRESS	<b>4203 EAST 7TH AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<i>Treasurer</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Diana Elschek</i>	
2.3 STREET ADDRESS	<i>8721 Boyseberry Drive</i>	
2.4 CITY-ST-ZIP	<i>Tampa FL 33635</i>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Cheryl Mansfield</i>	
3.3 STREET ADDRESS	<i>3701 Carrollwood Pl. Cir. #302</i>	
3.4 CITY-ST-ZIP	<i>Tampa, FL 33624</i>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Mary Harris</i>	
4.3 STREET ADDRESS	<i>14926 N. Florida Ave</i>	
4.4 CITY-ST-ZIP	<i>Tampa, FL 33613</i>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>SUZANNA MONTANO</i>	
6.3 STREET ADDRESS	<i>817A OAK TRACE WAY</i>	
6.4 CITY-ST-ZIP	<i>Tampa, FL 33634</i>	

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 119.07(3)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)