

FILE NOW: FILING FEE IS \$61.25

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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 20502 TAMPA FL 33622-0502 US
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3. Date Incorporated or Qualified 08/07/1972	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business 21 11406 Midfield Way Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 Tampa FL City & State	28 City & State
24 33624 Zip 25 USA Country	29 Zip 30 Country

4. FEI Number 23-7061089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SILVA, CHERYL C
2520 PINETTA CT
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name Upham, Mary Anne
82 Street Address (P.O. Box Number is Not Acceptable) 11406 Midfield Way
83
84 City Tampa **FL** **85 Zip Code** 33624

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 *Mary Anne Upham* April 8 '97
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 NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, CHERYL 2520 PINETTA CT HOLIDAY FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELSCHER, DIANA 8721 BOYENSBERY DRIVE TAMPA FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSFIELD, CHERYL 3701 CARROLLWOOD POINT CIRCLE #302 TAMPA FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARY 14926 NORTH FLORIDA AVENUE TAMPA FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIVNA, FRANCENE 4516 W. IDLEWILD AVENUE. TAMPA FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEADOWS, SUZANNA 8117A OAK TRACE WAY TAMPA FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Upham, Mary Anne 11406 Midfield Way Tampa FL 33624	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T Ochoa, Sharon 9808 Lombard Ct #208 Tampa FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP Vina Bernstein 208 Treasure Dr Tampa FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Polly Burnett 1003 E Henry Ave Tampa FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Monica Mormann 12007 Lake Ridge Road Tampa FL 33618-3737	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	S Shirley McCrea 4001 San Juan Tampa FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Mary Anne Upham*

CR2E037 (9/96)