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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 11406 MIDFIELD WAY TAMPA FL 33624 US	Mailing Address P.O. BOX 20502 TAMPA FL 33622-0502 US
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3. Date Incorporated or Qualified 08/07/1972		
4. FEI Number 23-7061089	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

UPHAM, MARY A
11406 MIDFIELD WAY
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPHAM, MARY ANNE	1.2 NAME	
STREET ADDRESS	11406 MIDFIELD WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHOON, SHARON	2.2 NAME	Treasurer
STREET ADDRESS	9806 LOMBARD CT #208	2.3 STREET ADDRESS	Polly Barnett
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	1003 E. Henry Ave
TITLE	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Tampa FL 33604
NAME	BERNSTEIN, MNA	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	208 TREASURE DR	3.2 NAME	Vice President
CITY-ST-ZIP	TAMPA FL	3.3 STREET ADDRESS	Monica Mormann
TITLE	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	12007 Lake Ridge Road
NAME	BARNETT, POLLY	3.4 CITY-ST-ZIP	Tampa, FL
STREET ADDRESS	1003 E HENRY AVE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	TAMPA FL	4.2 NAME	Director
TITLE	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	Nina Bernstein
NAME	MORMANN, MONICA	4.4 CITY-ST-ZIP	208 Treasure Dr.
STREET ADDRESS	12007 LAKE RIDGE RD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	TAMPA FL 37	5.2 NAME	Director
TITLE	<input checked="" type="checkbox"/> DELETE	5.3 STREET ADDRESS	Shirley McCrean
NAME	MEADOWS, SUZANNA	5.4 CITY-ST-ZIP	4001 San Juan St.
STREET ADDRESS	8117A OAK TRACE WAY	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	TAMPA FL	6.2 NAME	Director
TITLE	<input checked="" type="checkbox"/> DELETE	6.3 STREET ADDRESS	Debra Palmer
NAME	MEADOWS, SUZANNA	6.4 CITY-ST-ZIP	5405 Hopedale Drive
STREET ADDRESS	8117A OAK TRACE WAY		Tampa, FL
CITY-ST-ZIP	TAMPA FL		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Polly R. Barnett* / *Polly R. Barnett* / Treasurer **3/16/98** (813) 915-0853

CP2E037 (10/97)