


FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90239 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724051
 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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2. Principal Place of Business 21 39140 S Hwy. 301 N. Suite, Apt. #, etc. 22 200 City & State 23 Tampa, FL Zip 24 33619-1259 Country 25 USA	2a. Mailing Address 26 39140 S Hwy. 301 N. Suite, Apt. #, etc. 27 200 City & State 28 Tampa, FL Zip 29 33619-1259 Country 30 USA	3. Date Incorporated or Qualified 08/07/1972	4. FEI Number 23-7061089	Applied For 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	

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 FL 85 Zip Code
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE	NAME: UPHAM, MARY ANNE	1.1 TITLE: President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: Starla Ardoin
STREET ADDRESS: 11406 MIDFIELD WAY	CITY-ST-ZIP: TAMPA FL	1.3 STREET ADDRESS: 77 Harbor Woods Circle	1.4 CITY-ST-ZIP: Safety Harbor, FL 34695
TITLE: T <input type="checkbox"/> DELETE	NAME: BARNETT, POLLY	2.1 TITLE: Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: Debra K. Palmer
STREET ADDRESS: 1003 E HENRY AVE	CITY-ST-ZIP: TAMPA FL 33604	2.3 STREET ADDRESS: 39140 S Hwy. 301 N. #200	2.4 CITY-ST-ZIP: Tampa, FL 33619-1259
TITLE: VP <input type="checkbox"/> DELETE	NAME: MORMANN, MONICA	3.1 TITLE: Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: Polly Barnett
STREET ADDRESS: 12007 LAKE RIDGE RD	CITY-ST-ZIP: TAMPA FL	3.3 STREET ADDRESS: 8910 N. Dale Mabry Hwy. #9	3.4 CITY-ST-ZIP: Tampa, FL 33614
TITLE: D <input type="checkbox"/> DELETE	NAME: BERNSTEIN, NINA	4.1 TITLE: Recording Secty. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: Sherrel P. Knight
STREET ADDRESS: 208 TREASURE DR	CITY-ST-ZIP: TAMPA FL	4.3 STREET ADDRESS: 5910 Benjamin Ctr. Dr. #120	4.4 CITY-ST-ZIP: Tampa, FL 33634
TITLE: D <input type="checkbox"/> DELETE	NAME: MCCREA, SHIRLEY	5.1 TITLE: Corresponding Secty. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: Suzanne Gomez
STREET ADDRESS: 4001 SAN JUAN ST	CITY-ST-ZIP: TAMPA FL 37	5.3 STREET ADDRESS: 2123 Valrico Village Dr.	5.4 CITY-ST-ZIP: Valrico, FL 33694
TITLE: D <input type="checkbox"/> DELETE	NAME: PALMER, DEBRA	6.1 TITLE: Imm. Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: Mary Anne Upham
STREET ADDRESS: 5405 HOPEDALE DR	CITY-ST-ZIP: TAMPA FL	6.3 STREET ADDRESS: 11300 N. Central Ave.	6.4 CITY-ST-ZIP: Tampa, FL 33613-5699

14. I 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, with all other like empowered.

SIGNATURE: Debra Palmer Date: 2/1/99 Time/Phone: 813/635-0701
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)

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4. D Change
Sandra Robb
P. O. Box 151196
Tampa, Florida 33684-1196

5. D Change
Cheryl Silva
2520 Pinetta Court
Holiday, FL 34691-6807

6. D. Change
Gabriella Svoboda
P. O. Box 151623
Tampa, Florida 33684-1623