


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90003 037 ****61.25

DOCUMENT # 724051

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



Principal Place of Business
**ONE NORTH DALE MABRY HWY
 SUITE 820
 TAMPA, FL 33609 US**

Mailing Address
**ONE NORTH DALE MABRY HWY
 SUITE 820
 TAMPA, FL 33609 US**

54015914



2. Principal Place of Business
2403 East 4th Ave.

3. Mailing Address
2403 East 4th Ave.

Suite, Apt. #, etc.

02172004 Chg-NP CR2E037 (10/03)

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33605

Country
Hills.

Zip
33605

Country
Hills

4. FEI Number
23-7061089

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**UPHAM, MARY A
 11406 MIDFIELD WAY
 TAMPA, FL 33624**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MORROW, JOY V 1108 BRANDON LAKES AVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP GRIVNA, FRANCENE L 4518 W IDLEWILD AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CAHOON, SHARON 5102 BALMERE #1706 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D FAIR, ANDREA 2625 PARKTOWER 400 N TAMPA TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WALKER, NOREEN R 5340 W KENNEDY BLVD STE 110 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P EVANS, KATHY 2025 DARLINGTON OAK DR SEFFNER, FL 33584

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P Grivna, Francene L 4518 W Idlewild Ave. Tampa, Florida 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP Roberts, Susan K P.O. Box 543 Odessa, Florida 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T McLain, Sandra A. 2403 East 4th Ave. Tampa, Florida 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S LaPochat, Maria 141 Stevens Ave. Ste.#3 Oldsmar, Florida 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Law, Betty 5101 Leshler Ct. Tampa, Florida 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Fontenot, Ginny 305 S. Hyde Park Ave. Tampa, Florida

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francene L. Grivna* Date: 03/02/04 813 884-7099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR