



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # 724051</b>					
<b>1. Entity Name</b> TAMPA, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.					
<b>Principal Place of Business</b> 2403 EAST 4TH AVE. TAMPA, FL 33605 US		<b>Mailing Address</b> 2403 EAST 4TH AVE. TAMPA, FL 33605 US		03/11/05 90299 014 6028  06302005 Chg-NP CR2E037 (10/03)	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 23-7061089 <input type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
UPHAM, MARY A 11406 MIDFIELD WAY TAMPA, FL 33624				Name <u>FRANCENE GRIVNA</u> Street Address (P.O. Box Number is Not Acceptable) <u>4518 W. IDLEWILD AVE</u> City <u>TAMPA</u> FL Zip Code <u>33614</u>	
<b>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.</b>					
SIGNATURE <u>Francene Grivna</u>				DATE <u>07/07/05</u>	
Filing Fee is <b>\$61.25</b> Due by <b>September 7, 2005</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIVNA, FRANCENE L		NAME		
STREET ADDRESS	4518 W. IDLEWILD AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERTS, SUSAN K		NAME	<u>D. LEISH PARCHURE</u>	
STREET ADDRESS	2403 EAST 4TH AVE.		STREET ADDRESS	<u>18432 STERLING SILVER CR</u>	
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP	<u>LUTZ FL 33549</u>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCLAIN, SANDRA A		NAME	<u>D SHARON RAWLINGS</u>	
STREET ADDRESS	2403 EAST 4TH AVE.		STREET ADDRESS	<u>4010 BOYSCOUT BLVD.</u>	
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP	<u>TAMPA FL 33607</u>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAPCHAT, MARIA		NAME	<u>CRYSTAL GRIVNA</u>	
STREET ADDRESS	141 STEVENS AVE. STE. #3		STREET ADDRESS	<u>4518 W. IDLEWILD AVE</u>	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	<u>TAMPA FL 33614</u>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAW, BETTY		NAME	<u>D MICHELE MATHews</u>	
STREET ADDRESS	5101 LESHER CT.		STREET ADDRESS	<u>12902 COMMODITY PL</u>	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	<u>TAMPA FL 33629</u>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRONTENOT, GINNY		NAME		
STREET ADDRESS	305 S. HYDE PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
<b>12. 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 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.</b>					
SIGNATURE <u>Sandra McLain</u>			DATE <u>6-30-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # <u>813 876-9046</u>		