


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90001 002 \*\*\*\*61.25

<b>DOCUMENT # 724051</b>					
1. Entity Name TAMPA, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.					
Principal Place of Business 2403 EAST 4TH AVE. TAMPA, FL 33605 US		Mailing Address 2403 EAST 4TH AVE. TAMPA, FL 33605 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7061089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRIVNA, FRADENE 4518 W IDLE WILD AVE TAMPA, FL 33614			Name <b>FRANCENE GRIVNA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4518 W. IDLEWILD AVE</b> City <b>TAMPA</b> FL Zip Code <b>33614</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	REGION 3 DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIVNA, FRANCENE L		NAME	GRIVNA, FRANCENE	
STREET ADDRESS	4518 W. IDLEWILD AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, SUSAN K		NAME	KEENE LOREN A	
STREET ADDRESS	2403 EAST 4TH AVE.		STREET ADDRESS	5123 MANOR DRIVE	
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	T	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAIN, SANDRA A		NAME	MCLAIN, SANDRA	
STREET ADDRESS	2403 EAST 4TH AVE.		STREET ADDRESS	2403 E 4TH AVE	
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARCHUFE, LUSH		NAME		
STREET ADDRESS	18432 SILVER CR		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWLINGS, SHARON		NAME	RAWLINGS, SHARON	
STREET ADDRESS	4010 BOYSCOUT BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIVNA, CRYSTAL		NAME	GRIVNA, CRYSTAL	
STREET ADDRESS	4518 W IDLEWILD AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			4/27/06 727-505-4011		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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