

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724051

FILED
Jul 31, 2009
Secretary of State

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

Current Principal Place of Business:

12934 HAPPY HILL RD
DADE CITY, FL 33525 US

New Principal Place of Business:

20007 NOB OAK AVE
TAMPA, FL 33647 US

Current Mailing Address:

12934 HAPPY HILL RD
DADE CITY, FL 33525 US

New Mailing Address:

20007 NOB OAK AVE
TAMPA, FL 33647 US

FEI Number: 23-7061089 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOUGH, HEATHER J
12934 HAPPY HILL RD
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

MAGNANI, INGRID S
20007 NOB OAK AVE
TAMPA, FL 33647 US

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.

SIGNATURE: INGRID SHAWN MAGNANI

07/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAWSON, AMANDA
Address: 1233 PALM ST
City-St-Zip: CLEARWATER, FL 33755

Title: V () Delete
Name: PALMER, DEBRA
Address: 3714 US HWY 301 N STE 200
City-St-Zip: TAMPA, FL 33619

Title: S () Delete
Name: ROBERTS, SUSAN
Address: PO BOX 543
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: GOUGH, HEATHER J
Address: 12934 HAPPY HILL RD
City-St-Zip: DADE CITY, FL 33525

Title: S (X) Delete
Name: PRESSER, KELLY ;
Address: 3637 MACADA LANE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOUGH, HEATHER J
Address: 12934 HAPPY HILL ROAD
City-St-Zip: DADE CITY, FL 33525

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BOLTON, STEPHANIE
Address: 4221 WEST BOY SCOUT BOULEVARD, STE 1000
City-St-Zip: TAMPA, FL 33607

Title: T (X) Change () Addition
Name: MAGNANI, INGRID
Address: 20007 NOB OAK AVE
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGRID SHAWN MAGNANI

TRES

07/31/2009

Electronic Signature of Signing Officer or Director

Date