FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

5-1-95 6-5987

APPROVED AND FILED
95 MAY -1 AM 8:58
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N47352 (2)

1. Corporation Name

NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION OR LANDO/WINTER PARK CHAPTER #73, INC.

Principal Place of Business	Mailing Address
617 E. COLONIAL DR. ORLANDO FL 32803	617 E. COLONIAL DR. ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3118249	☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt #, etc 22	Suite, Apt #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 Country 25	Zip 29 Country 30	8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STARN, LILLIAN E. 617 E. COLONIAL DRIVE ORLANDO FL 32803	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	HARRIS, PEGGY	1.2 NAME	Starn, Lillian E.
STREET ADDRESS	102 DRENNEN RD., B11 & 12	1.3 STREET ADDRESS	617 E. Colonial Drive
CITY ST ZIP	ORLANDO FL	1.4 CITY ST ZIP	Orlando, FL 32803
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	INSALACO, GENA	2.2 NAME	Strohlein, Marion
STREET ADDRESS	1326 - 35TH ST.	2.3 STREET ADDRESS	9440 Sidney Hayes Rd.
CITY ST ZIP	ORLANDO FL	2.4 CITY ST ZIP	Orlando, FL 32824
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	STROHLIEN, MARION	3.2 NAME	Gibson-Jones Patti
STREET ADDRESS	9440 SIDNEY HAYES RD.	3.3 STREET ADDRESS	541 Virginia Ave.
CITY ST ZIP	ORLANDO FL	3.4 CITY ST ZIP	Winter Park, FL 32789
TITLE	T	4.1 TITLE	T ☒ Change ☐ Addition
NAME	STARN, LILLIAN	4.2 NAME	Shearer, Carol Ann
STREET ADDRESS	617 E. COLONIAL DR.	4.3 STREET ADDRESS	1463 Cedar Glen Dr.
CITY ST ZIP	ORLANDO FL	4.4 CITY ST ZIP	Apopka, FL 32712
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Carol Ann Shearer — 4/28/95 — 407-843-1370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carol Ann Shearer, Treasurer

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