

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
02/14/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3118249

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **STARN, LILLIAN E.**
STREET ADDRESS **617 E COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **PD** ☐ Change ☐ Addition
1.2 NAME **STARN, LILLIAN E.**
1.3 STREET ADDRESS **617 E. COLONIAL DRIVE**
1.4 CITY-ST-ZIP **ORLANDO, FL.**

TITLE **VD** ☐ DELETE
NAME **STROHLEIN, MARION**
STREET ADDRESS **9440 SIDNEY HAYES ROAD**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **Sims, TANYA** ☒ Change ☐ Addition
2.2 NAME **1820 N Maidenrod Road**
2.3 STREET ADDRESS **Orlando, FL 32801**
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **GIBSON-JONES, PATTI**
STREET ADDRESS **541 VIRGINIA AVENUE**
CITY-ST-ZIP **WINTER APRK FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **SHEARER, CAROL ANN**
STREET ADDRESS **1463 CEDAR GLEN DRIVE**
CITY-ST-ZIP **APOPKA FL**

4.1 TITLE **Engelmeier, Suzanne** ☒ Change ☐ Addition
4.2 NAME **4800 Wofford Lane**
4.3 STREET ADDRESS **Orlando, FL 32810**
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Suzanne Engelmeier, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

(407) 291-8600

Date

Daytime Phone #

CR2E037 (12/95)