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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47352**

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

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/14/1992

4. FEI Number: 59-3118249 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STARN, LILLIAN E.
617 E. COLONIAL DRIVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SIMS, TANYA		1.2 NAME	Stella Lewis-Buckley	
STREET ADDRESS	1820 N GOLDENROD RD		1.3 STREET ADDRESS	843 Wooden Blvd	
CITY-ST-ZIP	ORLANDO FL 32807		1.4 CITY-ST-ZIP	Orlando FL 32805	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOORE-BUCK, LINDA		2.2 NAME		
STREET ADDRESS	1060 MAITLAND CTR COMMONS, 180		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	V.P.D Love-	☒ Change ☐ Addition
NAME	KOCAB, TERRY		3.2 NAME	Riki Lovejoy-Blaylock	
STREET ADDRESS	9808 INTERNATIONAL DR		3.3 STREET ADDRESS	703 N Lake Jessup Ave.	
CITY-ST-ZIP	ORLANDO FL 32819		3.4 CITY-ST-ZIP	Orlando FL 32856	
TITLE	TD	☒ DELETE	4.1 TITLE	SDo	☒ Change ☐ Addition
NAME	PALMER, ARDEN		4.2 NAME	Sean Cox	
STREET ADDRESS	1400 W FAIRBANKS AVE., SUITE 102		4.3 STREET ADDRESS	850 Trafalgar Court, Suite 100	
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP	Maitland FL 32751-4141	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	STENKAMP, TAMARAH		5.2 NAME	Amy Moncada	
STREET ADDRESS	2470 MCMICHAEL RD		5.3 STREET ADDRESS	850 Trafalgar Court, Suite 100	
CITY-ST-ZIP	ST. CLOUD FL 34771		5.4 CITY-ST-ZIP	Maitland FL 32751-4141	
TITLE	TD	☒ DELETE	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	BENSON, KATE		6.2 NAME	Nancy Capobianco	
STREET ADDRESS	674 WING TERR		6.3 STREET ADDRESS	450 N Wymore Rd	
CITY-ST-ZIP	DELTONA FL 32725		6.4 CITY-ST-ZIP	Winter Park FL 32789	

14. 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 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, with all other like empowered.

SIGNATURE: Nancy Capobianco SIGNATURE REQUIRED Nancy Capobianco 2/26/99 (407)628-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)