

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90217 048 ****61.25

DOCUMENT # N47352

1. Entity Name
GREATER ORLANDO CHAPTER #73 OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.



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

Mailing Address
P.O. BOX 536983
ORLANDO, FL 32853

60001577



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3118249

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**COX, JEAN L
2417 PERSHING OAKS PLACE
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is **\$61.25**
Due by **May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	P HALL, STEPHANIE 1053 COPENHAGEN WAY WINTER GARDEN, FL 34787 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, PAULA 7209 MEISSEN AVE, NW PALM BAY, FL 32909 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COX, JEAN 2417 PERSHING OAKS PLACE ORLANDO, FL 32806 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, PATRICIA 2254 BLOSSOMWOOD DR OVIEDO, FL 32765 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, SARA 865 BALLARD ST. #A ALTAMONTE SPRINGS, FL 32701 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, BETTINA 548 AVENIDA SEXTA, #106 CLERMONT, FL 34714 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOTSIS, CHERYL 401 FERGUSON DRIVE ORLANDO, FL 32805 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORMAN, SANDI 307 SWEETWATER CREEK DR WEST LONGWOOD, FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Jean L. Cox **JEAN L. COX** 1/09/07 407-897-8562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #