2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90068 030 ****61.25

DOCUMENT # N47352

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

Principal Place of Business	Mailing Address
617 E. COLONIAL DR. ORLANDO, FL 32803	P.O. BOX 536983 ORLANDO, FL 32853

02212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
COX, JEAN L 2417 PERSHING OAKS PLACE ORLANDO, FL 32806	Name: Anne M. Yarnell Street Address (P.O. Box Number is Not Acceptable): 502 Goodridge Lane City: Casselberry FL Zip Code: 32730

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: Anne M Yarnell 2/21/08
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, 2008

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 LANE, PAULA 1209 MEISSEN AVE NW PALM BAY, FL 32907	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Bettina Jackson 504 Lake Sumner Drive Groveland, FL 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COX, JEAN 2417 PERSHING OAKS PLACE ORLANDO, FL 32806	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Anne Yarnell 502 Goodridge Lane Casselberry, FL 32730	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WLAKER, SARA 865 BALLARD ST #A ALTAMONTE SPRINGS, FL 32701	☒ Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	April Atkins 338 West Morse Blvd, Ste 150 Winter Park, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOTSIS, CHERYL 401 FERGUSON DR ORLANDO, FL 32805	☒ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	JudyKay Leece 1920 Boothe Circle #110 Longwood, FL 32750	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DORMAN, SANDI 307 SWEETWATER CREEK DR WEST LONGWOOD, FL 32779	☒ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Sara Walker 865 Ballard Street, Apt A Altamonte Springs, FL 32701	☒ 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: Anne M Yarnell 2/21/08 407-788-3059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #