2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47352

Entity Name: GREATER ORLANDO CHAPTER #73 OF THE NATIONAL

ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.

Current Principal Place of Business:

799 BENNETT DRIVE LONGWOOD, FL 32750

Current Mailing Address:

P.O. BOX 536983 ORLANDO, FL 32853

FEI Number: 59-3118249 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAGER, KAREN E 799 BENNETT DR. LONGWOOD, FL 32750 US

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.

SIGNATURE: KAREN E. HAGER 04/15/2016

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title **TREASURER** Name HIGHLAND, ANGELA Name FULLER, HOLLY

DIVISION 10 SPECIALTIES, INC. WAYNE AUTOMATIC FIRE Address Address

> SPRINKLERS, INC. 1831 S. ORANGE BLOSSOM TRIAL 222 CAPITOL COURT

APOPKA FL 32703 OCOEE FL 34761 City-State-Zip:

Title PRESIDENT - ELECT Title

Name BUCHANAN, ROSE Name

MEGAN, PICATAGGIO Address WILLIAMS COMPANY

> 2301 SILVER STAR RD Address MARTIN HILD, P.A. 555 WINDERLEY PL 415

ORLANDO FL 32804 City-State-Zip: City-State-Zip: MAITLAND FL 32751

Title RECORDING SECRETARY

CORRESPONDING SECRETARY Title Name BILOW, SUZANNE

Name TANNER, JAN TRI-CITY ELECTRIC Address

430 WEST DRIVE Address WAYNE AUTOMATIC FIRE

SPRINKLERS

City-State-Zip: ALTAMONTE SPRINGS FL 32714 222 CAPITOL COURT

City-State-Zip: OCOEE FL 34761

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

04/15/2016 SIGNATURE: HOLLY FULLER **TREASURER**

FILED Apr 15, 2016

Secretary of State

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