

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90074 010 \*\*\*\*61.25

**DOCUMENT # 720779**

1. Entity Name  
**GREATER PALM BEACH CHAPTER OF THE NATIONAL  
ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.**



Principal Place of Business Mailing Address  
P. O. BOX 19403 P. O. BOX 19403  
WEST PALM BEACH, FL 33416 US WEST PALM BEACH, FL 33416 US

50001357



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-6163176

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BELL, CAROL  
1469 SW COVERED BRIDGE RD  
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

Name SMITH, CARA

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

6350 SE LILLIAN CT

City STUART

FL Zip Code 34997

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 *Cara A. Smith* CARA A. SMITH

3/10/2008

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

TITLE PD ☒ Delete  
NAME LAWS, TINA M  
STREET ADDRESS 2121 PARKER AVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VPD ☐ Delete  
NAME STEVENSON, NAOMI  
STREET ADDRESS 3948 GOLFVIEW RD  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Change ☐ Addition  
NAME STEVENSON, NAOMI  
STREET ADDRESS 3948 GOLFVIEW RD  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE VP/D ☐ Change ☒ Addition  
NAME MIRIAM COLEN  
STREET ADDRESS 6624 AMYRIS CT.  
CITY-ST-ZIP STUART, FL 34997

TITLE T/D ☐ Change ☒ Addition  
NAME CARA SMITH  
STREET ADDRESS 6350 SE LILLIAN CT  
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Cara A. Smith* CARA SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2008

Date

561-662-7219

Daytime Phone #