

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 A.M.
Secretary of State

DOCUMENT # 724051 1. Entity Name TAMPA, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.					
Principal Place of Business 2403 EAST 4TH AVE. TAMPA, FL 33605 US			Mailing Address 2403 EAST 4TH AVE. TAMPA, FL 33605 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
UPHAM, MARY A 11406 MIDFIELD WAY TAMPA, FL 33624		Name FRANCENE GRIVNA Street Address (P.O. Box Number is Not Acceptable) 4518 W. IDLEWILD AVE City TAMPA FL Zip Code 33614			
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 <i>Francene Grivna</i>		DATE 07/07/05			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIVNA, FRANCENE L		NAME		
STREET ADDRESS	4518 W. IDLEWILD AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERTS, SUSAN K		NAME	D. LESH PARCHURE	
STREET ADDRESS	2403 EAST 4TH AVE.		STREET ADDRESS	18432 STERLING SILVER CR	
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP	LUTZ FL 33549	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCLAIN, SANDRA A		NAME	D SHARON RAWLINGS	
STREET ADDRESS	2403 EAST 4TH AVE.		STREET ADDRESS	4010 BOYSCOUT BLVD.	
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAPOCHAT, MARIA		NAME	CRYSTAL GRIVNA	
STREET ADDRESS	141 STEVENS AVE. STE. #3		STREET ADDRESS	4518 W. IDLEWILD AVE	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAW, BETTY		NAME	D MICHELE MATHIEUS	
STREET ADDRESS	5101 LESHUR CT.		STREET ADDRESS	12902 COMMODITY PL	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRONTENOT, GINNY		NAME		
STREET ADDRESS	305 S. HYDE PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
12. 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 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 <i>Sandra McLain</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SANDRA MCLAIN		
			DATE 6-30-05 DAYTIME PHONE # 813 876-9046		