
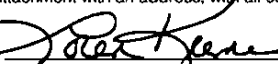


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90046 003 \*\*\*\*61.25

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # 724051</b><br>1. Entity Name<br><b>TAMPA, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>2403 EAST 4TH AVE.<br/>TAMPA, FL 33605 US</b>  |   |   | Mailing Address<br><b>2403 EAST 4TH AVE.<br/>TAMPA, FL 33605 US</b> |  |  |
| 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   |  |  |
| 6. Name and Address of Current Registered Agent  |   |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>GRIVNA, FRANCENE<br/>4518 W IDLEWILD AVE<br/>TAMPA, FL 33614</b>  |   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>   |   |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
|  |   | <b>Make check payable to<br/>Florida Department of State</b>                        |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>R3D<br/>GRIVNA, FRANCENE L<br/>4518 W IDLEWILD AVE.<br/>TAMPA, FL 33614</b> <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>KEENE, LOREN A<br/>5123 MANOR LN<br/>NEW PORT RICHEY, FL 34652</b> <input type="checkbox"/> Delete         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>M<br/>MCLAIN, SANDRA A<br/>2403 EAST 4TH AVE.<br/>TAMPA, FL 33605</b> <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <b>V.P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>RAWLINGS, SHARON<br/>4010 BOYSCOUT BLVD<br/>TAMPA, FL 33607</b> <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>GRIVNA, CRYSTAL<br/>4518 W IDLEWILD AVE<br/>TAMPA, FL 33614</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <b>S<br/>KELLY L. PRESSER<br/>3637 MACADA LAKE<br/>TAMPA, FL 33618 813-810-9775</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |   |   |  |  |
| <b>SIGNATURE:</b>  <b>LOREN KEENE</b> <b>2/12/07</b> <b>727-849-1918</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |   |  |  |



02122007 Chg-NP CR2E037 (12/06)

4. FEI Number **23-7061089** Applied For ☐ Not Applicable ☐

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