

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 734084**

**(7)**

1. Corporation Name

**ST. PETERSBURG, FLORIDA, CHAPTER OF THE NATIONAL  
ASSOCIATION OF WOMEN IN CONSTRUCTION, INCORPORA**

Principal Place of Business

Mailing Address

5705 80TH ST NO 204  
ST PETERSBURG FL 33709

5705 80TH ST NO 204  
ST PETERSBURG FL 33709

**FILED**

1995 JUL 27 AM 10:18

STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1975

3a. Date of Last Report

04/22/1994

4. FEI Number

59-6177419

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐ **FILING FEE IS**

Tax Exempt Status

☐ \$61.25

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 7109 65th Street N.

26 7109 65th Street N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Pinellas Park, FL

28 Pinellas Park, FL

Zip

Country

Zip

Country

24 34665

25 USA

29 34665

30 USA

9. Name and Address of Current Registered Agent

KRIZEK, LORRAINE  
5705 80TH ST N 204  
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name  
Janet N. Schnaiter

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

7109 65th Street N

83

84 City

Pinellas Park,

FL

85 Zip Code

34665

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Janet N. Schnaiter*

Janet N. Schnaiter

7/17/95

Signature, typed or printed name of registered agent and title of agent.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | D                        |
| NAME            | GWENDOLYN, B E           |
| STREET ADDRESS  | 29740 66TH ST.           |
| CITY - ST - ZIP | CLEARWATER FL            |
| TITLE           | D                        |
| NAME            | BLACKWELL, PATRICIA E    |
| STREET ADDRESS  | 17117 GULF BLVD UNIT 636 |
| CITY - ST - ZIP | NO. REDINGTON BEACH FL   |
| TITLE           | P                        |
| NAME            | COOPER, PHYLLIS          |
| STREET ADDRESS  | 2551 OAKWOOD DR          |
| CITY - ST - ZIP | LARGO FL                 |
| TITLE           | D                        |
| NAME            | SMITH, PATTY             |
| STREET ADDRESS  | 7042 64TH WAY NO.        |
| CITY - ST - ZIP | PINELLAS PARK FL         |
| TITLE           | T                        |
| NAME            | WEIR, SANDI              |
| STREET ADDRESS  | 2766 WILD WOOD DR        |
| CITY - ST - ZIP | CLEARWATER FL            |
| TITLE           | D                        |
| NAME            | KISTNER, THERESE         |
| STREET ADDRESS  | 3255 57TH ST NO.         |
| CITY - ST - ZIP | ST. PETERSBURG FL        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                         |                                                                              |
|---------------------|-------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | S                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | GWENDOLYN EVANS         |                                                                              |
| 1.3 STREET ADDRESS  | 2300 22ND STREET N      |                                                                              |
| 1.4 CITY - ST - ZIP | ST PETERSBURG, FL 33713 |                                                                              |
| 2.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                         |                                                                              |
| 2.3 STREET ADDRESS  |                         |                                                                              |
| 2.4 CITY - ST - ZIP |                         |                                                                              |
| 3.1 TITLE           | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | APRIL BACON JANNARONE   |                                                                              |
| 3.3 STREET ADDRESS  | 2430 30TH AVENUE N      |                                                                              |
| 3.4 CITY - ST - ZIP | ST PETERSBURG, FL 33713 |                                                                              |
| 4.1 TITLE           | V/P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | SUZANNE SULLIVAN        |                                                                              |
| 4.3 STREET ADDRESS  | 201 22ND STREET S       |                                                                              |
| 4.4 CITY - ST - ZIP | ST PETERSBURG, FL 33712 |                                                                              |
| 5.1 TITLE           | T                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | JANET N. SCHNAITER      |                                                                              |
| 5.3 STREET ADDRESS  | 7109 65TH STREET N      |                                                                              |
| 5.4 CITY - ST - ZIP | PINELLAS PARK, FL 34665 |                                                                              |
| 6.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                         |                                                                              |
| 6.3 STREET ADDRESS  |                         |                                                                              |
| 6.4 CITY - ST - ZIP |                         |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet N. Schnaiter*

JANET N. SCHNAITER

7/17/95

(813) 254-7278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR