

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734084 (7)
1. Corporation Name
ST. PETERSBURG, FLORIDA, CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INCORPORA

Principal Place of Business 7109 65TH ST N PINELLAS PARK FL 34085 US	Mailing Address 7109 65TH ST N PINELLAS PARK FL 34085 US
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3. Date Incorporated or Qualified 10/16/1975	4. FEI Number 59-6177419	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNAITER, JANET N
7109 65TH ST N
PINELLAS PARK FL 34085**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, PHYLLIS S	
STREET ADDRESS	2551 OAKWOOD DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLACKWELL, PATRICIA E	
STREET ADDRESS	17117 GULF BLVD UNIT 636	
CITY-ST-ZIP	N REDINGTON BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, SUZANNE	
STREET ADDRESS	12205 3RD ST E	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COX, RUTH	
STREET ADDRESS	3059 MERRILL AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHNAITER, JANET N	
STREET ADDRESS	7109 65TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOHKAMP, NORMA	
STREET ADDRESS	429 20TH AVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	

1.1 TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COX, RUTH	
1.3 STREET ADDRESS	3059 MERRILL AVE	
1.4 CITY-ST-ZIP	CLEARWATER, FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHNAITER, JANET N.	
2.3 STREET ADDRESS	7109 65TH ST N	
2.4 CITY-ST-ZIP	PINELLAS PARK, FL	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TOUART, KATHY	
3.3 STREET ADDRESS	13926 GULL WAY	
3.4 CITY-ST-ZIP	CLEARWATER, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVIS, TAMARA	
4.3 STREET ADDRESS	311 PARK PLACE BLVD	
4.4 CITY-ST-ZIP	CLEARWATER, FL	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	OLSTROM, CARLA	
5.3 STREET ADDRESS	6482 PARK BLVD	
5.4 CITY-ST-ZIP	PINELLAS PARK, FL	
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 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 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: *Carla Olstrom* 4/27/98

CR2E037 (10/97)