


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90056 048 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 734084</b>   |  |   |   |  |  |
| 1. Corporation Name<br><b>ST. PETERSBURG, FLORIDA, CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INCORPORA</b> |  |   |   |  |  |
| Principal Place of Business<br>7109 65TH ST N<br>PINELAS PARK FL 34665<br>US   |  |   | Mailing Address<br>7109 65TH ST N<br>PINELLAS PARK FL 34665<br>US |  |  |



|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24               |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br>10/16/1975<br>4. FEI Number<br>59-6177419<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent<br>SCHNAITER, JANET N<br>7109 65TH ST N<br>PINELLAS PARK FL 34665 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code  |  |

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                     | 1.1 TITLE   | S                 |
| NAME                       | COX, RUTH             | 1.2 NAME  | PATTI ONEY        |
| STREET ADDRESS             | 3059 MERRILL AVE      | 1.3 STREET ADDRESS                                    | P.O. BOX 316460   |
| CITY-ST-ZIP                | CLEARWATER FL         | 1.4 CITY-ST-ZIP                                       | TAMPA FL 33631    |
| TITLE                      | VP                    | 2.1 TITLE   | P Janet Schnaiter |
| NAME                       | SCHNAITER, JANET N    | 2.2 NAME  | 7109 65TH ST N    |
| STREET ADDRESS             | 7109 65TH ST N        | 2.3 STREET ADDRESS                                    | PINELLAS PARK FL  |
| CITY-ST-ZIP                | PINELLAS PARK FL      | 2.4 CITY-ST-ZIP                                       | VP                |
| TITLE                      | P                     | 3.1 TITLE   | Phyllis Cooper    |
| NAME                       | TOUART, KATHY         | 3.2 NAME  | 7950 118 AVEN     |
| STREET ADDRESS             | 13926 GULL WY         | 3.3 STREET ADDRESS                                    | LARGO, FL 33773   |
| CITY-ST-ZIP                | CLEARWATER FL         | 3.4 CITY-ST-ZIP                                       |                   |
| TITLE                      | D                     | 4.1 TITLE   |                   |
| NAME                       | DAVIS, TAMARA         | 4.2 NAME  |                   |
| STREET ADDRESS             | 311 PARK PL BLVD      | 4.3 STREET ADDRESS                                    |                   |
| CITY-ST-ZIP                | CLEARWATER FL         | 4.4 CITY-ST-ZIP                                       |                   |
| TITLE                      | T                     | 5.1 TITLE   |                   |
| NAME                       | OLSTROM, CARLA        | 5.2 NAME  |                   |
| STREET ADDRESS             | 6482 PARK BLVD        | 5.3 STREET ADDRESS                                    |                   |
| CITY-ST-ZIP                | PINELLAS PARK FL      | 5.4 CITY-ST-ZIP                                       |                   |
| TITLE                      | D                     | 6.1 TITLE   |                   |
| NAME                       | LOHKAMP, NORMA        | 6.2 NAME  |                   |
| STREET ADDRESS             | 429 20TH AVE          | 6.3 STREET ADDRESS                                    |                   |
| CITY-ST-ZIP                | INDIAN ROCKS BEACH FL | 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLA J OLSTROM 4/22/99

Date

Daytime Phone #

CR2E037 (11/98)