

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010483

FILED
Mar 13, 2009
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF BLACK WOMEN IN CONSTRUCTION, INC.

Current Principal Place of Business:

6600 NW 27TH AVENUE
208
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

6600 NW 27TH AVENUE
208
MIAMI, FL 33147

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERON, Y. LISA COLON A ESQ.
ONE EAST BROWARD BLVD., STE. 620
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCNEILL, ELIZABETH A
Address: 6600 NW 27TH AVENUE, SUITE 208
City-St-Zip: MIAMI, FL 33147

Title: VP () Delete
Name: HERON, Y. LISA COLON
Address: ONE EAST BROWARD BLVD., STE. 620
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: S () Delete
Name: FAISON, CRYSTAL
Address: 906 POSTWICK PL
City-St-Zip: BOWIE, MD 20716

Title: T () Delete
Name: PEARCY, MICHELLE J
Address: 580 VILLAGE BLVD, SUITE 260
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: FOSTER, ADRIAN
Address: 400 NW 183RD STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN MCNEILL

P

03/13/2009

Electronic Signature of Signing Officer or Director

Date