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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N19228** **(8)**

1. Corporation Name

GREATER FORT LAUDERDALE FLORIDA CHAPTER OF THE N ATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, IN

Principal Place of Business	Mailing Address
C/O MADELINE THOMPSON 8020 HAMPTON BLVD. #105 NORTH LAUDERDALE FL 33068	C/O MADELINE THOMPSON 8020 HAMPTON BLVD. #105 NORTH LAUDERDALE FL 33068-5634

3. Date Incorporated or Qualified: 02/12/1987
3a. Date of Last Report: 06/06/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-6177674 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMPSON, MADELINE
8020 HAMPTON BLVD. #105
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name: HERMINE BROWN
82 Street Address (P.O. Box Number is Not Acceptable): 884 S W 27th STREET
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33312

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: Hermine Brown HERMINE BROWN. 5-7-97
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	PD	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	GENTILE, MELINDA		1.2 NAME	KATHLEEN GILEAD	
STREET ADDRESS	3319 NE 18TH ST.		1.3 STREET ADDRESS	3117 S W 14th STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33305		1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	THOMAS, TAMMY		2.2 NAME	CHERYL CAMPBELL	
STREET ADDRESS	2261 NW 70 LANE		2.3 STREET ADDRESS	4790 N W 5th COURT	
CITY-ST-ZIP	MARGATE FL 33063		2.4 CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	SD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BROWN, HERMAN		3.2 NAME	HERMINE BROWN	
STREET ADDRESS	2749 SW 8TH ST.		3.3 STREET ADDRESS	884 S.W. 27th AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312		3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	TD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	THOMPSON, MADELINE		4.2 NAME	LINDA AMOS	
STREET ADDRESS	8020 HAMPTON BLVD. #105		4.3 STREET ADDRESS	2745 WEST CYPRESS CREEK ROAD	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		4.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GROSSMAN, SUSANA		5.2 NAME	DONNA BALDWIN	
STREET ADDRESS	1690 CO CONGRESS AVE #200		5.3 STREET ADDRESS	8821 N W 11th COURT	
CITY-ST-ZIP	DELRAY BCH FL 33445		5.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	☐ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	RAMSEY, JANE		6.2 NAME	JANE RAMSEY	
STREET ADDRESS	700 NE 21ST DR.		6.3 STREET ADDRESS	1501 VAN BUREN STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33305		6.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	

CR2E037 (9/96)

14. I do 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: Madeline Thompson TREASURER 3/21/97 954-587-7627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025793