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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19228** (8)

1. Corporation Name

GREATER FORT LAUDERDALE FLORIDA CHAPTER OF THE NATIONAL 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



2. Principal Place of Business	2a. Mailing Address
21 NATIONAL ASSOC. OF WOMEN IN CONST Suite, Apt. #, etc.	26 HERMINE BROWN Suite, Apt. #, etc.
22 884 S W 27th AVENUE City & State	27 P. O. BOX 329 City & State
23 FORT LAUDERDALE Zip Country	28 FORT LAUDERDALE Zip Country
24 33312	29 33302
25	30 BROWARD

3. Date Incorporated or Qualified	02/12/1987
4. FEI Number	59-6177674
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BROWN, HERMINE 884 S.W. 27TH STREET FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Hermine Brown* SECRETARY DATE 4-30-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	GENTILE, MELINDA	1.2 NAME	PAT BRADY
STREET ADDRESS	3319 NE 18TH ST.	1.3 STREET ADDRESS	11400 N W 21st Crt
CITY-ST-ZIP	FT LAUDERDALE FL 33305	1.4 CITY-ST-ZIP	PLANTATION, FLORIDA 33323
TITLE	D	2.1 TITLE	DIRECTOR
NAME	CAMPBELL, CHERYL	2.2 NAME	SHARON SAUNDERS
STREET ADDRESS	4790 N.W. 5TH COURT	2.3 STREET ADDRESS	115 S E 13th STREET, S-A
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33316
TITLE	TD	3.1 TITLE	DIRECTOR
NAME	BROWN, HERMINE	3.2 NAME	AMINA ELJABALY
STREET ADDRESS	884 S.W. 27TH AVE.	3.3 STREET ADDRESS	8222 WILES ROAD, #265
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33067
TITLE	D	4.1 TITLE	VICE PRESIDENT
NAME	AMOS, LINDA	4.2 NAME	KATHLEEN GILEAD
STREET ADDRESS	2745 WEST CPYRESS CREEK RD.	4.3 STREET ADDRESS	3117 S W 14th STREET
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33312
TITLE	D	5.1 TITLE	
NAME	GROSSMAN, SUSANA	5.2 NAME	
STREET ADDRESS	1690 CO CONGRESS AVE #200	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33445	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	RAMSEY, JANE	6.2 NAME	
STREET ADDRESS	1501 VAN BUREN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD 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)(l), 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: *Hermine Brown* TREASURER 5-1-98 (9524) 418-2942

CR2E037 (10/97)