

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19228

FILED
Jan 26, 2009
Secretary of State

Entity Name: GREATER FORT LAUDERDALE FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.

Current Principal Place of Business:

10885 NW 6TH STREET
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

ONE EAST BROWARD BOULEVARD
SUITE 620
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

10885 NW 6TH STREET
CORAL SPRINGS, FL 33071 US

New Mailing Address:

ONE EAST BROWARD BOULEVARD
SUITE 620
FORT LAUDERDALE, FL 33301 US

FEI Number: 59-6177674 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KUPSKY, KATHARINE
10885 NW 6TH STREET
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

ANDERSON, MAURA
ONE EAST BROWARD BOULEVARD
SUITE 620
FORT LAUDERDALE, FL 33301 US

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: MAURA ANDERSON

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUPSKY, KATHERINE PRES
Address: 10885 NW 6TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP/T () Delete
Name: STONER, LYNN VP/T
Address: 100 SW 101 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: PRESTON, DIANA DIR
Address: 4860 NE 12 AVE
City-St-Zip: FT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDERSON, MAURA PRES
Address: ONE EAST BROWARD BLVD., #620
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T (X) Change () Addition
Name: STONER, LYNN T
Address: 100 SW 101 TERRACE
City-St-Zip: PLANTATION, FL 33324

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: LYNN STONER

T

01/26/2009

Electronic Signature of Signing Officer or Director

Date