2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N19228**

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



Secretary of State 04-11-2003 90129 042 ****61.25

FILED

Apr 11, 2003 8:00 am

Principal Place of Business Mailing Address P.O. BOX 329 P.O. BOX 329 FT LAUDERDALE FL 33302 FT LAUDERDALE FL 33302 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-6177674 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRESTON, DIANA Street Address (P.O. Box Number is Not Acceptable) 4860 NE 12 AVE FORT LAUDERDALE FL 33334 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Addition TITLE ☐ Delete TITI F Treasurer NAME TRIMBLE, SHARON MArgaret Farguson 1000 SW 83 120 Ave 1198 MEDIAN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP +1. **BOCA RATON FL 33428** CITY-ST-7IP N. Language 12/ 33068 TITLE Change Addition TITLE ☐ Delete HEFFNER, LISA NAME NAME STREET ADDRESS 41 NE 56 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUD FL 33334 ☐ Delete TITLE ☐ Change Addition TITLE **BOLTON, EILEEN** NAME NAME 3351 LEE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete ☐ Change Addition TITLE TITLE GILEAD, KATHLEEN NAME NAME 3117 SW 14TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33312 TITLE Change ☐ Delete TITLE Addition Narvaez. Amita M NAME NAME 1321 NW 58 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33313 TITLE ☐ Delete TITLE ☐ Change Addition PRESTON, DIANA NAME NAME STREET ADDRESS 4860 NE 12 AVE STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL 33334 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: