

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90153 050 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N19741**

1. Corporation Name

**NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION PE  
NSACOLA, FLORIDA CHAPTER # 46, INC.**

Principal Place of Business

5801 W. 9 MILE RD  
PENSACOLA FL 32526

Mailing Address

5801 W. 9 MILE RD  
PENSACOLA FL 32526

3 6 2 8 3 1  
\* 3 35203F - 90153 - 50 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/19/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7206235	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EMMONS, ALYCE 5801 W. 9 MILE RD PENSACOLA FL 32526				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL	
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					
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 <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JUDY VOLNER				1.2 NAME	
STREET ADDRESS 5848 HERMITAGE CIR				1.3 STREET ADDRESS	
CITY-ST-ZIP MILTON FL 32570				1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME THERESA MAYNE				2.2 NAME	
STREET ADDRESS 4904 W SPENCER RD-				2.3 STREET ADDRESS	
CITY-ST-ZIP PACE FL 32577				2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MYRON STANTON				3.2 NAME	
STREET ADDRESS 3197 RAINES CT				3.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32514				3.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME PEGGY COATES				4.2 NAME	
STREET ADDRESS 3901 N PALAFOX				4.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32523				4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JOANN DINSMORE				5.2 NAME	
STREET ADDRESS 87 CAMELIA DR				5.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32505				5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALYCE EMMONS				6.2 NAME	
STREET ADDRESS 5801 W 9 MILE RD				6.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32526				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)(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, with all other like empowered.

SIGNATURE:

*Alyce Emons*  
Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

850.944.2017

Date

Daytime Phone #