5/2

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 23, 2001 8:00 am**
**Secretary of State**
05-02-2001 90141 001 ****61.25

DOCUMENT # N19741

1. Entity Name

NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION PE

| Principal Place of Business | Mailing Address |
|---|---|
| 5801 W. 9 MILE RD<br>PENSACOLA FL 32526 | 5801 W. 9 MILE RD<br>PENSACOLA FL 32526 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 23-7206235 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| EMMONS, ALYCE<br>5801 W. 9 MILE RD<br>PENSACOLA FL 32526 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>JUDY VOLNER<br>5848 HERMITAGE CIR<br>MILTON FL 32570 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V. President - D<br>Peggy Coates<br>4139 N. Davis Pensacola, FL 32524 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HALL, ELISSA<br>2206 POMPANO DR<br>CANTONMENT FL 32533 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NELSON, SUSAN<br>3901 N PALAFOX<br>PENSACOLA FL 32523 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MCLARIN, MARGARET B<br>2600 W. MICHIGAN AVE<br>PENSACOLA FL 32526 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary - D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALYCE EMMONS<br>5801 W 9 MILE RD<br>PENSACOLA FL 32526 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer - D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: Alyce Emmons TREASURER Alyce Emmons 04-26-01 850 944-2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #