

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

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90260 040 \*\*\*\*61.25

**DOCUMENT # N19741**

1. Entity 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**

**55042844**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **23-7206235**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EMMONS, ALYCE  
5801 W. 9 MILE RD  
PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alyce Emmons*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*4-29-03*

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HALL, ELISSA**  
STREET ADDRESS **2206 POMPANO DR**  
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **SD** ☐ Delete  
NAME **MCLARIN, MARGARET. B**  
STREET ADDRESS **2600 W. MICHIGAN AVE**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **TD** ☐ Delete  
NAME **ALYCE EMMONS**  
STREET ADDRESS **5801 W 9 MILE RD**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **VPD** ☒ Delete  
NAME **BLANCINI, DEEDEE**  
STREET ADDRESS **400 E LURTON ST**  
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Delete  
NAME **Linda Eldridge**  
STREET ADDRESS **P. O. Box 12109**  
CITY-ST-ZIP **Pensacola, FL 32590**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary - D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V-President - D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **President - D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Linda Eldridge* **Linda Eldridge**

*4-29-03*

*850-432-1545*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)