

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90215 025 ****61.25

DOCUMENT # N97000000373

1. Entity Name
**NATIONAL ASSOCIATION OF WOMEN IN
CONSTRUCTION SPACE COAST FLORIDA CHAPTER
355, INC.**



Principal Place of Business
**965 SOMERSET LN
MELBOURNE, FL 32940**

Mailing Address
**965 SOMERSET LANE
MELBOURNE, FL 32940 US**

14007370

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3392041

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**RENZI, KAREN
965 SOMERSET LN
MELBOURNE, FL 32940**

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MISTY, HASTY
872 KILLARNEY COURT
MERRITT ISLAND, FL 32953** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HOLMES, TERRI
PO BOX 3042
TITUSVILLE, FL 32781** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERRING, GLORIA
746 HARFRD AVE SW
PALM BAY, FL 32908** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILSON, PEGGY
2473 BONNY DRIVE
COCOA, FL 32926** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RENZI, KAREN
965 SOMERSET LANE
MELBOURNE, FL 32940** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCELROY, ANGELIA
1891 CRANE CREEK BLVD
MELBOURNE, FL 32940** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/D
ROSANN SARDINER
3580 MARRELL RD
ROCKLEDGE, FL 32955** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1 PP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1 PP ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHRISTIE BAKER
815 CLEVELAND ST.
TITUSVILLE, FL 32780** ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 321-544-7784