

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90007 036 ****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**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number
59-3392041

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**RENZI, KAREN
965 SOMERSET LN
MELBOURNE FL 32940**

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 _____
Signature, typed or printed name of registered agent and file 1 application. (NOTE: Registered Agent Signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	V	<input type="checkbox"/> Delete
NAME	OGLE, KATHY	
STREET ADDRESS	452 HIGGS AVE SW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	1PP	<input type="checkbox"/> Delete
NAME	HOLMES, TERRI	
STREET ADDRESS	15TH DATE DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HERRING, GLORIA	
STREET ADDRESS	2133 WOODFIELD CIRCLE	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, PEGGY	
STREET ADDRESS	2473 BONNY DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENZI, KAREN	
STREET ADDRESS	965 SOMERSET LANE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, CHRISTI	
STREET ADDRESS	5735 BRANDON ST	
CITY-ST-ZIP	COCOA FL 32927	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL HAMBLIN	
STREET ADDRESS	1151 WORCESTER WAY	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY KILLGORE	
STREET ADDRESS	117 SWEET ST	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4034 MT. VERNON AVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]* **2-18-08 321-544-7784**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #