

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (2003)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90073 030 ****61.25

DOCUMENT # 721697

1. Entity Name
TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.



Principal Place of Business
**1624 METROPOLITAN BLVD
TALLAHASSEE FL 32308**

Mailing Address
**P.O. BOX 1533
P.O. BOX 1533
TALLAHASSEE FL 32302
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7354786**

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

**WILSON, JACKIE
1624 METROPOLITAN BLVD
TALLAHASSEE FL 32308**

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **DOOZIER, KELLY**
STREET ADDRESS **1713 MAHAN DRIVE SUITE C**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **P** Change Addition
NAME **Hallee Bridgeman**
STREET ADDRESS **1255 Commerce Blvd**
CITY-ST-ZIP **Midway, FL 32343**

TITLE **V** Delete
NAME **BOYETTE, MIMI**
STREET ADDRESS **1979 MARYLAND CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **V** Change Addition
NAME **Frances Klysiewicz**
STREET ADDRESS **5220 Widefield Dr**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **T** Delete
NAME **KINSEY, JACKIE**
STREET ADDRESS **1713 MAHAN DRIVE SUITE C**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** Change Addition
NAME **Dr. [unclear]**
STREET ADDRESS **1203 Miccosukee Rd**
CITY-ST-ZIP

TITLE **S** Delete
NAME **CALLAGHAN, HALLEE**
STREET ADDRESS **5187 WOODLANE CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **S** Change Addition
NAME **Elaine Yawn**
STREET ADDRESS **2870 Industrial Plaza Dr**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **D** Delete
NAME **HASTINGS, SUSIE**
STREET ADDRESS **P.O. BOX 14099**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **MOOR, CORRIE**
STREET ADDRESS **831 NORTH MONROE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **T** Change Addition
NAME **Lorie Frederick**
STREET ADDRESS **1713 Mahan Dr**
CITY-ST-ZIP **Tallahassee, FL 32308**

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: *Lorie Frederick* **QUINCY Frederick**

1/22/03 850-878-8177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)