

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. M...  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR -5 PM 2:56

**DOCUMENT # 721697 (1)**

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

Principal Place of Business Mailing Address  
**1604 SAULS ST. (32308)  
P.O. BOX 1533  
TALLAHASSEE FL 32302**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/14/1971** 3a. Date of Last Report **02/07/1994**

4. FEI Number **23-7354786** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** P.O. Box 1533  
**22** City & State **27** City & State  
**23** Zip Country **28** Tallahassee, FL  
**24** Zip Country **29** 32302 **30** Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RUDD, MARSHLEA A.  
1604 SAULS STREET  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Applicable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE Marshlea A. Rudd DATE **2.20.95**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>JACKIE, WILSON</b>
STREET ADDRESS	<b>2444 LANRELL DR</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>PD</b>
NAME	<b>HASTINGS, SUSAN E</b>
STREET ADDRESS	<b>ROUTE 1, BOX 308</b>
CITY - ST - ZIP	<b>LAMONT FL</b>
TITLE	<b>TD</b>
NAME	<b>CLAYBORNE, YVONNE</b>
STREET ADDRESS	<b>1807 WAGON WHELL CIR N</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>SD</b>
NAME	<b>POWELL, MARGARET</b>
STREET ADDRESS	<b>1682 MAYHEW ST.</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VB</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JUDI BILLINGSLEY</b>
1.3 STREET ADDRESS	<b>6112 BUCK LAKE ROAD</b>
1.4 CITY - ST - ZIP	<b>TALLAHASSEE, FL 32311</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<b>SECRETARY / SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JO VAN NOLMAN</b>
4.3 STREET ADDRESS	<b>PO BOX 5964 (N/A)</b>
4.4 CITY - ST - ZIP	<b>TALLAHASSEE, FL 32314</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yvonne M. Clayborne **YVONNE M. CLAYBORNE** **1.17.95** **(704) 326-6164**  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Telephone #



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

March 9, 1995

TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATIO

P.O. BOX 1533  
TALLAHASSEE FLA, 32302

SUBJECT: TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL  
ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.  
Ref. Number: 721697

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

List the street address of each officer/director in block 12 or 13. If the officer or director does not have a street address, list the mailing address and write (N/A).

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 12 or 13. Use a "D" or "T" to designate the title.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Tyrone Scott  
ANNUAL REPORTS Section

Letter number: 295A00010546