

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721697

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

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC0171417332**

**Current Principal Place of Business:**

1010 MIMOSA DRIVE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

P.O. BOX 1533  
P.O. BOX 1533  
TALLAHASSEE, FL 32302 US

**FEI Number: 23-7354786**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILSON, JACKIE  
1010 MIMOSA DR  
TALLAHASSEE, FL 32312 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TREA  
Name YAWN, ELAINE  
Address 2870 INDUSTRIAL PLAZA DRIVE  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT  
Name WILSON, JACKIE  
Address 1010 MIMOSA DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title PP  
Name DAVIS, SANDRA  
Address P.O. BOX 1533  
P.O. BOX 1533  
City-State-Zip: TALLAHASSEE FL 32302

Title VP  
Name MCDANIEL-CARTER, CAROLE  
Address P.O. BOX 1533  
P.O. BOX 1533  
City-State-Zip: TALLAHASSEE FL 32302

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ELAINE YAWN**

**TREASURER**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date