

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 721697 (1)

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
1604 SAULS ST. (32308) P.O. BOX 1533 TALLAHASSEE FL 32302		P.O. BOX 1533 P.O. BOX 1533 TALLAHASSEE FL 32302 US		09/14/1971	04/05/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number	Applied For		
22. City & State	27. City & State	23-7354786	Not Applicable		
23. Zip	28. Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25. Country	29. Country	30. Country			

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 Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		DATE	
OFFICERS AND DIRECTORS		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1996	
12. NAME	VD BILLINGSLEY, JUDI	13. 1.1 TITLE	PD POOLE, KIM
12. STREET ADDRESS	6112 BUCK LAKE RD	13. 1.2 NAME	7706 Cornucopia Lane
12. CITY, ST, ZIP	TALLAHASSEE FL	13. 1.3 STREET ADDRESS	Tallahassee, FL 32308
12. TITLE	PD	13. 1.4 CITY, ST, ZIP	
12. NAME	HASTINGS, SUSAN E	2.1 TITLE	VD WATTS, JACQUELINE ANN
12. STREET ADDRESS	ROUTE 1, BOX 30B	2.2 NAME	729 West Gaines Street
12. CITY, ST, ZIP	LAMONT FL	2.3 STREET ADDRESS	Tallahassee, FL 32304
12. TITLE	TD	2.4 CITY, ST, ZIP	
12. NAME	CLAYBORNE, YVONNE	3.1 TITLE	TD BROYLES, RITA
12. STREET ADDRESS	1807 WAGON WHELL CIR N	3.2 NAME	1124 Spottswood Drive
12. CITY, ST, ZIP	TALLAHASSEE FL	3.3 STREET ADDRESS	Tallahassee, FL 32308
12. TITLE	SD	3.4 CITY, ST, ZIP	
12. NAME	NORMAN, JOVAN	4.1 TITLE	SD HASTINGS, SUSIE
12. STREET ADDRESS	P.O. BOX 5964 (N/A)	4.2 NAME	Rt 1, Box 30-B
12. CITY, ST, ZIP	TALLAHASSEE FL	4.3 STREET ADDRESS	Lamont, FL 32336
12. TITLE		4.4 CITY, ST, ZIP	
12. NAME		5.1 TITLE	
12. STREET ADDRESS		5.2 NAME	
12. CITY, ST, ZIP		5.3 STREET ADDRESS	
12. TITLE		5.4 CITY, ST, ZIP	
12. NAME		6.1 TITLE	
12. STREET ADDRESS		6.2 NAME	
12. CITY, ST, ZIP		6.3 STREET ADDRESS	
12. TITLE		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. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rita Broyles* Rita Broyles 1/22/96 (904)576-4187

CR2E037 (12/95)