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**Feb 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # 721697 (1)
1. Corporation Name
TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION, INC.

Principal Place of Business: **1804 SAULS ST. (32308)
P.O. BOX 1533
TALLAHASSEE FL 32302**

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

3. Date Incorporated or Qualified
09/14/1971

4. FEI Number: **23-7354786**

Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**RUDD, MARSHLEA A.
1804 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE: DELETE

NAME: **PD POOLE, KIM**

STREET ADDRESS: **7706 CORNUCOPIA LANE**

CITY-ST-ZIP: **TALLAHASSEE FL**

TITLE: DELETE

NAME: **VD BROYLES, RITA**

STREET ADDRESS: **1124 SPOTTSWOOD R.**

CITY-ST-ZIP: **TALLAHASSEE FL**

TITLE: DELETE

NAME: **TD HAIR, KIRSTEN S.**

STREET ADDRESS: **2120 KILLEARNEY WAY**

CITY-ST-ZIP: **TALLAHASSEE FL**

TITLE: DELETE

NAME: **SD DAVIS, MICHELLE**

STREET ADDRESS: **1641-A METROPOLITAN CIR.**

CITY-ST-ZIP: **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME: **PD Broyles, Rita**

1.3 STREET ADDRESS: **1124 Spottswood Dr**

1.4 CITY-ST-ZIP: **Tallahassee, FL 32308**

2.1 TITLE: Change Addition

2.2 NAME: **VD Cato, Glenda**

2.3 STREET ADDRESS: **P.O. Box 18455 (3425 Thomasville Rd Unit 17)**

2.4 CITY-ST-ZIP: **Tallahassee, FL 32308**

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS: **2145 Delta Blvd S-100**

4.4 CITY-ST-ZIP: **Tallahassee, FL 32303**

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition

6.2 NAME:

6.3 STREET ADDRESS: **600002435835**

6.4 CITY-ST-ZIP: **-02/20/98--01014--007**

*****\$61.25**

14. 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 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 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, Pres. 1/20/98**

CR2E037 (10/97)