

FILED  
Jun 12, 2002 8:00 am  
Secretary of State

05-22-2002 90105 050 \*\*\*\*61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721697

1. Entity Name

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

Principal Place of Business

Mailing Address

1804 SAULS ST. (32308)  
P.O. BOX 1533  
TALLAHASSEE FLA 32302

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1624 Metropolitan Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL 32302

City & State

4. FEI Number

23-7354786

Applied For

Not Applicable

Zip

32308

Country

USA

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  Change  Addition  
NAME SUSIE HASTINGS  
STREET ADDRESS P.O. Box 14099  
CITY-ST-ZIP Tallahassee, FL 32317

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

TITLE  Change  Addition  
NAME Lorraine LaMotta  
STREET ADDRESS P.O. Box 529  
CITY-ST-ZIP Midway, FL 32343

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

TITLE  Change  Addition  
NAME Rita Broyles  
STREET ADDRESS P.O. Box 2763  
CITY-ST-ZIP Tallahassee, FL 32316

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

TITLE  Change  Addition  
NAME Amy Newman  
STREET ADDRESS 1624 Metropolitan Blvd  
CITY-ST-ZIP Tallahassee, FL 32308

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

TITLE  Change  Addition  
NAME Pres. Elect Hallee Callaghan  
STREET ADDRESS 5187 Woodlane Circle  
CITY-ST-ZIP Tallahassee, FL 32303

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

TITLE  Change  Addition  
NAME Kelly Dozier  
STREET ADDRESS 1713 Mahan Drive Ste C  
CITY-ST-ZIP Tallahassee, FL 32303

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: *Susie Hastings*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (850)386-2143

Date

Day/Time Phone #

CR2E037 (9/01)