

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

DOCUMENT# N07000007359

**FILED**  
**Aug 10, 2015**  
**Secretary of State**  
**CC3979799367**

**Entity Name:** WOMEN'S COUNCIL OF REALTORS FORT MYERS CHAPTER, INC.

**Current Principal Place of Business:**

12800 UNIVERSITY DR  
SUITE 330  
FORT MYERS, FL 33907

**Current Mailing Address:**

P.O. BOX 62342  
FORT MYERS, FL 33906 US

**FEI Number: 26-0311034**

**Certificate of Status Desired: No**

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

SCOTT, JULIE E  
12800 UNIVERSITY DR  
SUITE 330  
FORT MYERS, FL 33907 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:** JULIE E SCOTT

08/10/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT ELECT  
Name            SHERER, SUZANNE  
Address        P.O. BOX 62342  
City-State-Zip: FORT MYERS FL 33906

Title            PAST PRESIDENT  
Name            BENNETT, MARJORIE  
Address        P.O. BOX 62342  
City-State-Zip: FORT MYERS FL 33906

Title            PRESIDENT  
Name            VOGEL, JEAN  
Address        P.O. BOX 62342  
City-State-Zip: FORT MYERS FL 33906

Title            TREASURER  
Name            SCOTT, JULIE E.  
Address        6321 DANIELS PKWY  
City-State-Zip: FORT MYERS FL 33912

Title            SECRETARY  
Name            LAIRD, KELLEY  
Address        P.O. BOX 62342  
City-State-Zip: FORT MYERS FL 33906

*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:** JULIE SCOTT

**TREASURER**

08/10/2015

Electronic Signature of Signing Officer/Director Detail

Date