

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004337

Entity Name: AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, VENICE BRANCH, INC.**FILED**
Jan 08, 2016
Secretary of State
CC9714973869**Current Principal Place of Business:**1637 SAN SILVESTRO DRIVE
VENICE, FL 34285**Current Mailing Address:**P.O> BOX 515
VENICE, FL 34284 US**FEI Number: 38-3867484****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EVENSON, JUDITH EVENSON
1637 SAN SILVESTRO DR
VENICE, FL 34285 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: JUDITH E EVENSON****01/08/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name OSTROM, MARGE
Address 11384 BERTOLINI
City-State-Zip: VENICE FL 34292**Title** D
Name HOLT, BEATRICE
Address 147 E. TAMPA AVE
APT.304
City-State-Zip: VENICE FL 34285**Title** D
Name MCQUAIN, DONNA
Address 5100 WHITE IBIS DRIVE
City-State-Zip: NORTH PORT FL 34287**Title** DIRECTOR
Name KELLY, TRINA
Address 19203 LAPPACIO STREET
City-State-Zip: VENICE FL 34293**Title** TREASURER
Name EVENSON, JUDITH E TREASURER
Address 1937 SAN SILVESTRO DRIVE
City-State-Zip: VENICE FL 34285**Title** SECRETARY
Name KUNCLE, ANITA
Address 24780 BONIFAY PLACE
City-State-Zip: VENICE FL 34293

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: JUDITH E. EVENSON**TREASURER****01/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date