

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004337

Entity Name: AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, VENICE BRANCH, INC.**FILED**
Jan 21, 2017
Secretary of State
CC4047538474**Current Principal Place of Business:**1838 LANCASHIRE DRIVE
VENICE, FL 34293**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:**CUDIA, CAROL A.
1838 LANCASHIRE DRIVE
VENICE, FL 34293 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:** CAROL A. CUDIA

01/21/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name OSTROM, MARGE
Address 11384 BERTOLINI
City-State-Zip: VENICE FL 34292**Title** PROGRAM DIRECTOR
Name PICKERING, KATHLEEN
Address 161 MONTELLUNA DRIVE
City-State-Zip: N. VENICE FL 34275**Title** MEMBERSHIP DIRECTOR
Name MCQUAIN, DONNA
Address 5100 WHITE IBIS DRIVE
City-State-Zip: NORTH PORT FL 34287**Title** STUDY/INTEREST DIRECTOR
Name BIVIANO, SUZANNE
Address 1600 LANCASHIRE DRIVE
City-State-Zip: VENICE FL 34293**Title** TREASURER
Name CUDIA, CAROL ANN TREASURER
Address 1838 LANCASHIRE DRIVE
City-State-Zip: VENICE FL 34293**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: CAROL A. CUDIA**DIRECTOR OF FINANCE**

01/21/2017

Electronic Signature of Signing Officer/Director Detail

Date