
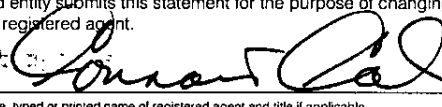
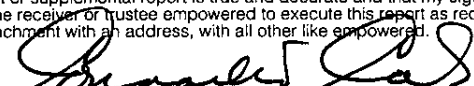


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90030 026 ****61.25

DOCUMENT # N01000001776					
1. Entity Name GREATER NAPLES AAUW CHARITABLE FOUNDATION, INC.					
Principal Place of Business 178 OAKWOOD CT. NAPLES, FL 34110			Mailing Address 178 OAKWOOD CT. NAPLES, FL 34110		
2. Principal Place of Business 170 ST JAMES WAY		3. Mailing Address PO BOX 9742			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples FL		City & State Naples, FL		4. FEI Number 59-3704754	
Zip 34104		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEFFAN, VIOLA W 178 OAKWOOD CT. NAPLES, FL 34110		7. Name and Address of New Registered Agent Name: CONNACHT CASH Street Address (P.O. Box Number is Not Acceptable): 1896 SEVILLE BLVD #1712 City: NAPLES FL Zip Code: 34109			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 2/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME WALKER, JENNIFER	<input checked="" type="checkbox"/> Delete	TITLE PRES	NAME RAMONA MC NICHOLAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5970 AMHERST DR. C201	STREET ADDRESS 170 ST. JAMES WAY				
CITY-ST-ZIP NAPLES, FL 34112	CITY-ST-ZIP NAPLES, FL 34104				
TITLE DS	NAME BROWN, SANDRA	<input type="checkbox"/> Delete	TITLE VP	NAME SUZANNE HERMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 975 FOUNTAIN RUN	STREET ADDRESS 5881 GOLDEN GATE PKWY				
CITY-ST-ZIP NAPLES, FL 34119	CITY-ST-ZIP NAPLES, FL 34116				
TITLE VD	NAME WANAMAKER, ARLENE	<input checked="" type="checkbox"/> Delete	TITLE SECY	NAME HEATHAN CAMERON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1855 LONGSHORE WAY E	STREET ADDRESS 689 VINTAGE RESERVE CIRCLE #15A				
CITY-ST-ZIP NAPLES, FL 34119	CITY-ST-ZIP NAPLES, FL 34119				
TITLE DT	NAME STEFFAN, VIOLA	<input checked="" type="checkbox"/> Delete	TITLE TREAS.	NAME CONNACHT CASH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 178 OAKWOOD CT.	STREET ADDRESS 1896 SEVILLE BLVD #1712				
CITY-ST-ZIP NAPLES, FL 34110	CITY-ST-ZIP NAPLES, FL 34109				
TITLE DV	NAME BROOKER, JEANNE	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3635 BOCA CHEGA DR. #109	STREET ADDRESS 				
CITY-ST-ZIP NAPLES, FL 34112	CITY-ST-ZIP 				
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	STREET ADDRESS 				
CITY-ST-ZIP 	CITY-ST-ZIP 				
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: 			Date: 2/22/04 Daytime Phone #: 239 5965132		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					