

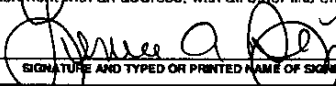


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90217 024 \*\*\*\*61.25

<b>DOCUMENT # N01000001776</b>					
<b>1. Entity Name</b> GREATER NAPLES AAUW CHARITABLE FOUNDATION, INC.					
<b>Principal Place of Business</b> 170 ST. JAMES WAY NAPLES, FL 34104			<b>Mailing Address</b> P.O. BOX 9742 NAPLES, FL 34101		
<b>2. Principal Place of Business</b> 740 High Pines Dr		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Naples FL		<b>City &amp; State</b>			
<b>Zip</b> 34103		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>			
<b>4. FEI Number</b> 59-3704754					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> CASH, CONNACHT 1896 SEVILLE BLVD #1712 NAPLES, FL 34109			<b>7. Name and Address of New Registered Agent</b>		
Name			Lenice A DeLuca		
Street Address (P.O. Box Number is Not Acceptable)			4280 TAMIA MI TR E		
Ste			302		
City			Naples		FL
Zip Code			34112		
<b>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.</b>					
SIGNATURE:  <u>Lenice A DeLuca</u> <span style="float: right;">4/25/05</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> MC NICHOLAS, RAMONA		<b>TITLE</b> P	<b>NAME</b> SUSAN CALKINS	
<b>STREET ADDRESS</b> 170 ST. JAMES WAY	<b>CITY-ST-ZIP</b> NAPLES, FL 34104		<b>STREET ADDRESS</b> 740 High Pines Dr	<b>CITY-ST-ZIP</b> Naples FL 34103	
<b>TITLE</b> VP	<b>NAME</b> HERMAN, SUSANNE		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 5881 GOLDEN GATE PKWY	<b>CITY-ST-ZIP</b> NAPLES, FL 34116		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> S	<b>NAME</b> CAMERON, HEATHER		<b>TITLE</b> S	<b>NAME</b> Roseford	
<b>STREET ADDRESS</b> 699 VINTAGE RESERVE CIRCLE #15A	<b>CITY-ST-ZIP</b> NAPLES, FL 34119		<b>STREET ADDRESS</b> 594 104th Ave N.	<b>CITY-ST-ZIP</b> Naples FL 34108	
<b>TITLE</b> T	<b>NAME</b> CASH, CONNACHT		<b>TITLE</b> T	<b>NAME</b> Lenice A DeLuca	
<b>STREET ADDRESS</b> 1996 SEVILLE BLVD #1712	<b>CITY-ST-ZIP</b> NAPLES, FL 34109		<b>STREET ADDRESS</b> 4280 TAMIA MI TR E Ste 302	<b>CITY-ST-ZIP</b> Naples FL 34112	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> VP	<b>NAME</b> Nancy Palvino	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 6065 Ashford Lane # 601	<b>CITY-ST-ZIP</b> Naples FL 34110	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> VP	<b>NAME</b> Rose Di Biasi	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 6452 Autumn Woods Blvd	<b>CITY-ST-ZIP</b> Naples FL 34109	
<b>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.</b>					
<b>SIGNATURE:</b>  <u>Lenice A DeLuca</u> <span style="float: right;">4/25/05 2392932420</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					