

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


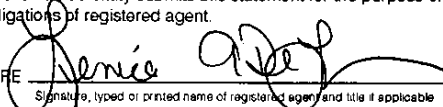
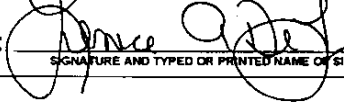
**FILED**  
**Sep 14, 2006 8:00 am**  
**Secretary of State**

09-14-2006 90001 020 \*\*\*\*61.25

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09112006 Chg-NP CR2E037 (4/06)

<b>DOCUMENT # N01000001776</b>					
1. Entity Name GREATER NAPLES AAUW CHARITABLE FOUNDATION, INC.					
Principal Place of Business 740 HIGH PINES DRIVE NAPLES, FL 34103			Mailing Address P.O. BOX 9742 NAPLES, FL 34101		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3704754	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELUCA, LENICE A 4280 TAMiami TRAIL E STE 302 NAPLES, FL 34112			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 9/10/06		
Filing Fee is \$61.25 Due by September 15, 2006			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 NAME STREET ADDRESS CITY-ST-ZIP	P CALKINS, SUSAN 740 HIGH PINES DRIVE NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Harriett Lancaster 3394 Cerrito Court NAPLES FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERMAN, SUSANNE 5881 GOLDEN GATE PKWY NAPLES, FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORD, ROSE 594 104TH AVE NORTH NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELUCA, LENICE A 4280 TAMiami TRAIL E, STE 302 NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALVINO, NANCY 6065 ASHFORD LANE #601 NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DI BIASI, ROSE 6452 AUTUMN WOODS BLVD NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ramona Mc Nicholas 170 Saint James Way NAPLES FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 9/10/06 239 7754762		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		