


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90018 027 ****61.25

DOCUMENT # N01000001776					
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 - No P.O. Box # 3394 Cerrito Ct		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples FL		City & State			
Zip 34109	Country USA	Zip	Country		
6. Name and Address of Current Registered Agent DELUCA, LENICE A 4280 TAMiami TRAIL E STE 302 NAPLES, FL 34112			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 P	NAME LANCASTER, HARRIETT		<input type="checkbox"/> Delete	TITLE _____	
STREET ADDRESS 3394 CERRITO CT	CITY - ST - ZIP NAPLES, FL 34109		NAME _____		
TITLE VP	NAME HERMAN, SUSANNE		<input type="checkbox"/> Delete	TITLE _____	
STREET ADDRESS 5881 GOLDEN GATE PKWY	CITY - ST - ZIP NAPLES, FL 34116		NAME _____		
TITLE S	NAME FORD, ROSE		<input type="checkbox"/> Delete	TITLE _____	
STREET ADDRESS 594 104TH AVE NORTH	CITY - ST - ZIP NAPLES, FL 34108		NAME _____		
TITLE T	NAME DELUCA, LENICE A		<input type="checkbox"/> Delete	TITLE _____	
STREET ADDRESS 4280 TAMiami TRAIL E, STE 302	CITY - ST - ZIP NAPLES, FL 34112		NAME _____		
TITLE V	NAME PALVINO, NANCY		<input type="checkbox"/> Delete	TITLE _____	
STREET ADDRESS 6065 ASHFORD LANE #601	CITY - ST - ZIP NAPLES, FL 34110		NAME _____		
TITLE V	NAME NICHOLAS, RAMONA M		<input type="checkbox"/> Delete	TITLE _____	
STREET ADDRESS 170 SAINT JAMES WAY	CITY - ST - ZIP NAPLES, FL 34104		NAME _____		
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: _____			3/16/07 2397754762		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		