2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001776

FILED May 03, 2008 Secretary of State

Entity Name: GREATER NAPLES AAUW CHARITABLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3394 CERRITE CT 178 OAKWOOD COURT NAPLES, FL 34103 NAPLES, FL 34110 **Current Mailing Address: New Mailing Address:** P.O. BOX 9742 NAPLES, FL 34101 FEI Number: 59-3704754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DELUCA, LENICE A DELUCA, LENICE A 4280 TAMIAMI TRAIL E 4532 TAMIAMI TRAIL E STE 302 STE 304 NAPLES, FL 34112 US NAPLES, FL 34112 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: LENICE A DELUCA 05/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LANCASTER, HARRIETT STEFFAN, VIOLA Name: Name: 3394 CERRITO CT Address: 178 OAKWOOD COURT Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34110 Title: () Delete Title: () Change () Addition Name: HERMAN, SUSANNE Name: Address: 5881 GOLDEN GATE PKWY Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: () Delete Title: () Change () Addition FORD, ROSE Name: Name: Address: 594 104TH AVE NORTH Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: DELUCA, LENICE A Name: DELUCA, LENICE A 4280 TAMIAMI TRAIL E, STE 302 Address: Address: 4532 TAMIAMI TRAIL E, STE 302 City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: () Delete Title: () Change () Addition PALVINO, NANCY Name: Name: 6065 ASHFORD LANE #601 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: () Change () Addition NICHOLAS, RAMONA M Name: Name: Address: 170 SAINT JAMES WAY Address: NAPLES, FL 34104 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LENICE A DELUCA T 05/03/2008