


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90029 006 \*\*\*\*61.25

<b>DOCUMENT # N07000001887</b>					
<b>1. Entity Name</b> LEE COUNTY ASSOCIATION OF WOMEN LAWYERS, INC.					
<b>Principal Place of Business</b> 2201 2ND ST., 5TH FLOOR FT. MYERS, FL 33901			<b>Mailing Address</b> 2201 2ND ST., 5TH FLOOR FT. MYERS, FL 33901		
<b>2. Principal Place of Business - No P.O. Box #</b> 12800 University Drive		<b>3. Mailing Address</b> 12800 University Drive			
Suite, Apt. #, etc. Ste. 260		Suite, Apt. #, etc. Ste 260			
City & State Fort Myers, FL		City & State Fort Myers, FL			
Zip 33901	Country USA	Zip 33901	Country USA	<b>4. FEI Number</b> 20-8522376	
<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>  FOWLER WHITE BOGGS BANKER PA 2201 2ND ST., 5TH FLOOR FT. MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name <u>Alison C. Hussey</u> Street Address (P.O. Box Numbers Not Acceptable) <u>4635 S. Del Prado Blvd.</u> City <u>Cape Coral</u> <u>FL</u> Zip Code <u>33910</u>		
<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>Alison C. Hussey</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>7/25/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WHEELER, DENISE L 2201 2ND ST., 5TH FLOOR FT. MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KENNEDY, DENISE 6702 WILLOW LAKE CIR. FT. MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MELANSON, NOELLE 12800 UNIVERSITY DR., SUITE 260 FT. MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUSSEY, ALISON 4635 SOUTH DEL PRADO BLVD. CAPE CORAL, FL 339100088		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Charlet, Noelle 1430 Royal Palm Square Blvd. Ste 101 Fort Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 another like empowered.</b>					
SIGNATURE: <u>Alison C. Hussey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>7/25/08</u> 239-344-3905 <small>Daytime Phone #</small>		