

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001887

FILED
Jan 22, 2009
Secretary of State

Entity Name: LEE COUNTY ASSOCIATION OF WOMEN LAWYERS, INC.

Current Principal Place of Business:

12800 UNIVERSITY DRIVE
STE 260
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12800 UNIVERSITY DRIVE
STE 260
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-8522376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSSEY, ALISON C
4635 S. DEL PRADO BLVD.
CAPE CORAL, FL 33910 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KENNEDY, DENISE
Address: 6702 WILLOW LAKE CIR.
City-St-Zip: FT. MYERS, FL 33912

Title: P () Delete
Name: MELANSON, NOELLE
Address: 12800 UNIVERSITY DR., SUITE 260
City-St-Zip: FT. MYERS, FL 33907

Title: T () Delete
Name: HUSSEY, ALISON
Address: 4635 SOUTH DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 339100088

Title: S () Delete
Name: CHARLET, NOELLE
Address: 1430 ROYAL PALM SQUARE BLVD., STE 101
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ALISON C. HUSSEY

TREA

01/22/2009

Electronic Signature of Signing Officer or Director

Date