

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007878

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1415 DEAN STREET  
SUITE 111  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

1415 DEAN STREET  
SUITE 111  
FORT MYERS, FL 33901 US

**New Mailing Address:**

**FEI Number:** 27-3282539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHABRO ALTERNATIVE OFFICE SOLUTIONS  
1415 DEAN STREET  
SUITE 111  
FORT MYERS, FL 33901 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: P  
Name: BROTHERTON, SHARON  
Address: 1415 DEAN STREET  
City-St-Zip: FORT MYERS, FL 33901 US

Title: D  
Name: OSTERHOUT, SHELLY  
Address: 7181 COLLEGE PARKWAY  
City-St-Zip: FORT MYERS, FL 33919 US

Title: S  
Name: ALLEN, MELISSA  
Address: 12475 JEWEL STONE LANE  
City-St-Zip: FORT MYERS, FL

Title: T  
Name: VAVREK, PATRICIA  
Address: 21301 S TAMiami TRAIL, SUITE 320 PMB 256  
City-St-Zip: ESTERO, FL 33928

I hereby 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 all other like empowered.

SIGNATURE: SHARON BROTHERTON

P

04/10/2012

Electronic Signature of Signing Officer or Director

Date