

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002638

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC7393951049**

**Entity Name:** AMERICAN ASSOCIATION OF UNIVERSITY WOMEN FORT MYERS/LEE COUNTY BRANCH, INC.

**Current Principal Place of Business:**

C/O MARILYN MYLI  
1335 WHISKEY CREEK DR  
FORT MYERS, FL 33919

**Current Mailing Address:**

P.O. BOX 2115  
FT. MYERS, FL 33902-2115

**FEI Number: 59-6163596**

**Certificate of Status Desired: No**

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

MYLI, MARILYN  
C/O MARILYN MYLI  
1335 WHISKEY CREEK DR  
FORT MYERS, FL 33919 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:** MARILYN MYLI

04/11/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           MYLI, MARILYN  
Address        P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

Title           VP, MEMBERSHIP  
Name           KLOESS, JACQUELINE  
Address        P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

Title           CO-SECRETARY  
Name           CHAPMAN, CATHERINE  
Address        P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

Title           TREASURER  
Name           KELLNER, MARY  
Address        P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

Title           PRESIDENT, PAST  
Name           SIRIANO, SHELLEY  
Address        P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

Title           PRESIDENT ELECT  
Name           JONES, KATHY  
Address        P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

Title           CO-SECRETARY  
Name           FOSTER, ELIZABETH  
Address        P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

*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:** MARY KELLNER

**TREASURER**

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date