

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002638

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

**FILED**  
**Apr 12, 2022**  
**Secretary of State**  
**7254829317CC**

**Current Principal Place of Business:**

BONNIE RYAN  
15033 SEA CREST BLVD.  
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:**

KELLNER, MARY  
17820 DRAGONIA DR.  
NORTH FORT MYERS, FL 33917 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: MARY KELLNER**

**04/12/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO-PRESIDENT  
Name RYAN, BONNIE  
Address P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

Title VP PROGAMS  
Name JENNINGS, JILL  
Address P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

Title CO PRESIDENT  
Name GEORGE, JANET  
Address P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

Title SECRETARY  
Name CROWE, PATRICIA  
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 ELECT  
Name BRENNAN, CECILE  
Address P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

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

Title PAST PRESIDENT  
Name HAIBACH, KATHLEEN  
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 L KELLNER**

**TREASURER**

**04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date