

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002638

**FILED**  
**Apr 23, 2018**  
**Secretary of State**  
**CC0080207112**

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

**Current Principal Place of Business:**

C/O KATHY JONES  
16050 VIA SOLERA CR. #101  
FORT MYERS, FL 33908

**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:**

JONES, KATHY  
C/O KATHY JONES  
16050 VIA SOLERA CR #101  
FORT MYERS, FL 33908 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: KATHY JONES

04/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           CO-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           CO-TREASURER  
Name           SIMS, JUDITH  
Address        P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

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

Title           PRESIDENT ELECT  
Name           HOEGLER, CLEMENTINA  
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

Title           CO-TREASURER  
Name           NANCE, CAROLYN  
Address        P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

**Continues on page 2**

*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: CAROLYN NANCE

CO-TREASURER

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP PROGRAM  
Name WAYCO, PHYLLIS  
Address P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115