

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002638

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

**FILED**  
**Mar 26, 2015**  
**Secretary of State**  
**CC6357512623**

**Current Principal Place of Business:**

C/O JAYNE SCHWARZ  
20857 WHEELLOCK DRIVE  
NORTH FORT MYERS, FL 33917

**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:**

SCHWARZ, JAYNE E  
20857 WHEELLOCK DRIVE  
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: JAYNE E. SCHWARZ**

**03/26/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            TREA  
Name            SCHWARZ, JAYNE  
Address        P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

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

Title            VP  
Name            THOMPSON, SHARRON  
Address        P.O. BOX 2115  
City-State-Zip: FT. MYERS FL 33902-2115

Title            CO-SECRETARY  
Name            RYAN, BONNIE M  
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: JAYNE SCHWARZ**

**TREASURER**

**03/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date