NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90422 018 ****61.25

DOCUMENT # N0 00000002000

1. Entity Name
American Association of University Women New Smyrna Beach Branch Local Scholarship Fund, New Smyrna Beach FL, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
229 Quay Assisi	229 Quay Assisi
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach FL	City & State: New Smyrna Beach FL
Zip: 32169 Country: USA	Zip: 32169 Country: USA

4. FEI Number: 59-3643176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joan C. Bringardner

Street Address (P.O. Box Number is Not Acceptable): 229 Quay Assisi

City: New Smyrna Beach **FL** Zip Code: 32169

8. 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: Joan C. Bringardner Joan C. Bringardner D/C 5/7/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D/P	TITLE	
NAME	Cindy Lovell	NAME	
STREET ADDRESS	2230 Silver Palm Dr	STREET ADDRESS	
CITY-ST-ZIP	Edgewater FL 32141	CITY-ST-ZIP	
TITLE	D/C	TITLE	
NAME	Joan Bringardner	NAME	
STREET ADDRESS	229 Quay Assisi	STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach FL 32169	CITY-ST-ZIP	
TITLE	D/T	TITLE	
NAME	Marjory Abbott	NAME	
STREET ADDRESS	849 Redfish Ave	STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach FL 32169	CITY-ST-ZIP	
TITLE	D/C	TITLE	
NAME	Susan Mallow	NAME	
STREET ADDRESS	456 Bouchelle Dr, #201	STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach FL 32169	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

(see attached)

SIGNATURE: Joan C. Bringardner Joan C. Bringardner D/C 5/7/2002 386-427-6414