## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2004 8:00 am Secretary of State

DOCUMENT: # N0000002000  1. Entity Name AMERICAN ASSOCIATION OF UNIVERSITY WOMEN NEW SMYRNA BEACH BRANCH LOCAL SCHOLARSHIP FUND, NEW SMY					Secretary of State 04-21-2004 90093 039 ****61.25			
Principal Place of Business 229 QUAY ASSISI NEW SMYRNA BEACH, FL 32169  Mailing Address 229 QUAY ASSISI NEW SMYRNA BEACH, FL 32169  MEW SMYRNA BEACH, FL 3			32169					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037 (10/0	3)	
City & State		City & State		4. FEI Number 59-364717	<b>'</b> 6		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75	Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	tress of New	Registered Agent		
BRINGARDNER, JOAN C			Name	Name				
229 QUAG	ASSISI		-Street A	=Street Address (P.O. Box Number is Not Acceptable)				
NEW SMYRNA BEACH, FL 32169								
	79		City FL Zip			Code		
	named entity submits this statement for	r the purpose of changing its reg	gistered office or	registered agent, or both, in	the State of I	Florida. I am familiar v	ith, and accept	
the obligat	tions of registered agent.							
SIGNATURE .						······································	<del></del>	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Ri	egistered Agent signer	ure required when reinstating)	Daniel Control	DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	FI.	Make check payab orlda Department c		
10.	Filling Fee is \$61.25	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees		Make check payeb	f State	
10. Title Name Street address	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF  DP  KERSHNER, PATRICIA 21A CENTURY CLUB DR.	9. Election Campa Trust Fund Con RECTORS	aign Financing atribution.  11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees		Make check payab orlda Department o	f State S IN 10	
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12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with any address, with all other life empowered.

SIGNATURE:

MICHATUJE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/04

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