2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90319 038 ****61.25

DOCUMENT # N00000002000

1. Entity Name

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN NEW SMYRNA BEACH BRANCH LOCAL SCHOLARSHIP FUND,

50039163

Principal Place of Business	Mailing Address
229 QUAY ASSISI NEW SMYRNA BEACH FL 32169	A.A.U.W. C/O JOAN BRINGARDNER 229 QUAY ASSISI NEW SMYRNA BEACH FL 32169

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3647176 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRINGARDNER, JOAN C
229 QUAG ASSISI
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KERSHNER, PATRICIA 21A CENTURY CLUB DR. NEW SMYRNA BEACH FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT HERR, MARLENE 4438 SAXON DR NEW SMYRNA BCH FL 32169 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC BRINGARDNER, JOAN 229 QUAY ASSISI NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LANE, JOSEPHINE 1200 HILL ST. NEW SMYRNA BEACH FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT (Treasurer-elect 7/1/05) SOKERKA, ELIZABETH 4445 Katy Dr New Smyrna Bch FL 32169 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HERR, MARLENE 4438 SAXON DR. NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MEGNIN, JULIE 322 GLENEAGLES DR New Smyrna Bch FL 32168 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marlene Herr (MARLENE HERR) DPT 4/12/05 (386) 427-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #