

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002000

FILED
Mar 09, 2009
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF UNIVERSITY WOMEN NEW SMYRNA BEACH BRANCH LOCAL SCHOLARSHIP FUND, NEW SMYRNA BEACH, FLORIDA, INC.

Current Principal Place of Business:

229 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

229 QUAY ASSISI
C/O JOAN BRINGARDNER
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

229 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169

FEI Number: 59-3647176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRINGARDNER, JOAN C
229 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

BRINGARDNER, JOAN C
229 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169 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:

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: COWART, DONNA
Address: 912 BENTWOOD LN
City-St-Zip: PORT ORANGE, FL 32127

Title: DC () Delete
Name: BRINGARDNER, JOAN
Address: 229 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DT () Delete
Name: MATES, DORIS N
Address: 250 MINORA BEACH WAY #304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DC () Delete
Name: TATHAN, GERRY
Address: 608 NAVIGATORS WAY
City-St-Zip: EDGEWATER, FL 32141

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: TAYLOR, SHEILA M
Address: 257 MINORCA BEACH WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DC (X) Change () Addition
Name: KRUHM, BETTY F
Address: 1060 RED MAPLE COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DC () Change (X) Addition
Name: LIES, BARBARA
Address: 4320 SEA MIST DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DC () Change (X) Addition
Name: CONLON, FRANCES
Address: 165 GOLF LANE
City-St-Zip: MEDFORD, NY 11763

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOAN BRINGARDNER

DC

03/09/2009

Electronic Signature of Signing Officer or Director

Date