

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002000

FILED
Mar 24, 2012
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:

912 BENTWOOD LN
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

912 BENTWOOD LN
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3647176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREECH, CAROLYN W
4241 SEA MIST DR
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT
Name: TATHAM, GERRY
Address: 608 NAVIGATOR'S WAY
City-St-Zip: EDGEWATER, FL 32141

Title: DC
Name: CREECH, CAROLYN W
Address: 4241 SEA MIST DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DT
Name: CONLON, FRANCES
Address: 165 GOLF LN
City-St-Zip: MEDFORD, NY 11763

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

Title: DC
Name: WEBER, BETTY
Address: 2254 CANDLEWOOD LN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: FRANCES CONLON

TREA

03/24/2012

Electronic Signature of Signing Officer or Director

Date