


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90169 034 *****70.00

DOCUMENT # N04000011597					
1. Entity Name AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, DAYTONA BEACH BRANCH INC.					
Principal Place of Business 2231 MAGNOLIA AVE S DAYTONA, FL 32119			Mailing Address 2231 MAGNOLIA AVE S DAYTONA, FL 32119		
2. Principal Place of Business - No. P.O. Box # 70 Big Buck Trail		3. Mailing Address 70 Big Buck Trail			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ormond Beach, FL		City & State Ormond Beach, FL		4. FEI Number 59-6150980	
Zip 32174		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUPREE, JUNE E 70 BIG BUCK TRAIL ORMOND BEACH, FL 32174			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 <i>June E Dupree</i> <i>June E. Dupree</i> <i>4/10/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P POTTER, JANET 2231 MAGNOLIA AVE S DAYTONA, FL 32119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Susan Bayley</i> <i>1317 Dovercourt Lane</i> <i>Ormond Beach FL 32174</i> <i>President</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'SHAUGHNESSY, ELLEN 1210 GAMBLE PLACE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUPREE, JUNE E 197 DEER LAKE CIRCLE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>June E Dupree</i> <i>June E. Dupree</i> <i>4/10/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

800-243-0716