

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90385 015 ****61.25

DOCUMENT # N04000011597					
1. Entity Name AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, DAYTONA BEACH BRANCH INC.					
Principal Place of Business 70 BIG BUCK TRAIL ORMOND BEACH, FL 32174			Mailing Address 70 BIG BUCK TRAIL ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6150980	
5. Certificate of Status Desired <input 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 <u>Rhodes, June E</u> Street Address (P.O. Box Number is Not Acceptable) <u>70 Big Buck Trail</u> City <u>Ormond Beach</u> FL Zip Code <u>32174</u>		
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 <u>June E Rhodes</u> June E. Rhodes <u>4/22/08</u> <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, 2008		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 P	NAME BAYLEY, SUSAN		TITLE T	NAME Kimberly Keene	
STREET ADDRESS 1317 DOVER CT LN	STREET ADDRESS ORMOND BEACH, FL 32174		STREET ADDRESS 5417 Canna Ct.	STREET ADDRESS Port Orange, FL 32128	
CITY - ST - ZIP 	CITY - ST - ZIP 		CITY - ST - ZIP 	CITY - ST - ZIP 	
TITLE V	NAME O'SHAUGHNESSY, ELLEN		TITLE 	NAME 	
STREET ADDRESS 1210 GAMBLE PLACE	STREET ADDRESS DAYTONA BEACH, FL 32118		STREET ADDRESS 	STREET ADDRESS 	
CITY - ST - ZIP 	CITY - ST - ZIP 		CITY - ST - ZIP 	CITY - ST - ZIP 	
TITLE T	NAME DUPREE, JUNE E		TITLE 	NAME 	
STREET ADDRESS 197 DEER LAKE CIRCLE	STREET ADDRESS ORMOND BEACH, FL 32174		STREET ADDRESS 	STREET ADDRESS 	
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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: <u>June E Dupree</u>			<u>4/22/08</u> <u>800-243-0716</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		