

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011597

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, DAYTONA BEACH BRANCH INC.

**Current Principal Place of Business:**

70 BIG BUCK TRAIL  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

5417 CANNA COURT  
PORT ORANGE, FL 32128

**Current Mailing Address:**

70 BIG BUCK TRAIL  
ORMOND BEACH, FL 32174

**New Mailing Address:**

5417 CANNA COURT  
PORT ORANGE, FL 32128

**FEI Number:** 59-6150980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHODES, JUNE E  
70 BIG BUCK TRAIL  
ORMOND BEACH, FL 32174 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: P  
Name: BAYLEY, SUSAN  
Address: 1317 DOVER CT LN  
City-St-Zip: ORMOND BEACH, FL 32174

Title: V  
Name: O'SHAUGHNESSY, ELLEN  
Address: 1210 GAMBLE PLACE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T  
Name: KEENE, KIMBERLY  
Address: 5417 CANNA CT  
City-St-Zip: PORT ORANGE, FL 32128

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:** KIM KEENE

TREA

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date