

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90048 049 \*\*\*\*61.25

<b>DOCUMENT # N05000002158</b> 1. Entity Name <b>STUART AREA FLORIDA BRANCH AAUW, INC.</b>					
Principal Place of Business <b>PO BOX 3292 STUART, FL 34995</b>			Mailing Address <b>PO BOX 3292 STUART, FL 34995</b>		
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 <b>59-0247526</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SMITH, LINDA C PA 1320 US FEDERAL HWY #101 STUART, FL 34994</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>LINDA SMITH CPA</u> <u>Linda Smith CPA</u> <u>4/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCCARTNEY, CATHERINE 2890 SE FAIRWAY WEST STUART, FL 349976020</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CARROLL, ROSEMARY DR. 6101 SE LANDING WAY APT 6 STUART, FL 34997</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LEACH, SHEILA 3105 SW MONTEBELLO PLACE PALM CITY, FL 349902635</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BROWER, MARY 5220 SE BURNING TREE CIRCLE STUART, FL 34997-8031</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT ENGLUND, FAITH 104 COVE VIEW DR STUART, FL 34994</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DAVIS, CONSTANCE 104 COVE VIEW DR STUART, FL 34994</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WADE, BARBARA</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WADE, BARBARA 6426 SE NORTHGATE DR STUART, FL 34997</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>Faith Englund</u> <u>4/11/07</u> <u>772-337-7983</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					