

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002158

FILED
Feb 18, 2009
Secretary of State

Entity Name: STUART AREA FLORIDA BRANCH AAUW, INC.

Current Principal Place of Business:

PO BOX 3292
STUART, FL 34995

New Principal Place of Business:

104 COVE VIEW DR
STUART, FL 34994

Current Mailing Address:

PO BOX 3292
STUART, FL 34995

New Mailing Address:

FEI Number: 59-0247526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LINDA C PA
1320 US FEDERAL HWY #101
STUART, FL 34994 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: PD () Delete
Name: BROWER, MARY
Address: 5220 SE BURNING TREE CIRCLE
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: LEACH, SHEILA
Address: 3105 SW MONTEBELLO PLACE
City-St-Zip: PALM CITY, FL 34990

Title: DT () Delete
Name: ENGLUND, FAITH
Address: 104 COVE VIEW DR
City-St-Zip: STUART, FL 34994

Title: S () Delete
Name: DAVIS, CONSTANCE
Address: 104 COVE VIEW DR
City-St-Zip: STUART, FL 34994

Title: VD () Delete
Name: WADE, BARBARA
Address: 6426 SE NORTH GATE DR
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FAITH M ENGLUND

DT

02/18/2009

Electronic Signature of Signing Officer or Director

Date