2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05226

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Entity Name: AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, VERO BEACH, FLORIDA BRANCH, INC.

Current Principal Place of Business: New Principal Place of Business: 958 20TH PLACE VERO BEACH, FL 32961 US **Current Mailing Address: New Mailing Address:** PO BOX 2143 VERO BEACH, FL 32961 US FEI Number: 59-6153154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KUZINSKI, MARTHA 165 MCKEE LANE VERO BEACH, FL 32960 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CO-P () Change () Addition () Delete KUZINSKI, MARTHA MRS Name: Name: 165 MCKEE LANE Address: Address: City-St-Zip: VERO BEACH, FL. 32960 City-St-Zip: Title: CO-P () Delete Title: CO-P (X) Change () Addition LARNER, PATRICIA MRS Name: STRAUSS, CAROLE DR Name: Address: 1100 PONCE DE LEON CIRCLE #W307 Address: 11800 SEAVIEW DRIVE City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32963 Title: () Delete Title: () Change () Addition CUNNINGHAM, ANNE MRS Name: Name: 915 32ND AVENUE Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CLERCH, LINDA DR Name: 4980 CORSICA SQUARE Address: Address: City-St-Zip: VERO BEACH, FL 32967 City-St-Zip: Title: () Delete Title: () Change () Addition DAILEY, GAIL MRS Name: Name: 4152 WEST 16TH SQUARE Address: Address: City-St-Zip: VERO BEACH, FL 32967 City-St-Zip: Title: () Delete Title: () Change (X) Addition WILLIAMSON, ROSALIE J MRS Name: Name: Address: Address: 6450 36TH LANE VERO BEACH, FL 32966 City-St-Zip: 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: ANNE C. CUNNINGHAM TR 08/28/2009