

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002000

**Entity Name:** AMERICAN ASSOCIATION OF UNIVERSITY WOMEN NEW SMYRNA BEACH BRANCH LOCAL SCHOLARSHIP FUND, NEW SMYRNA BEACH, FLORIDA, INC.

**FILED**  
**Mar 19, 2013**  
**Secretary of State**  
**CC8116912309**

**Current Principal Place of Business:**

912 BENTWOOD LN  
PORT ORANGE, FL 32127

**Current Mailing Address:**

912 BENTWOOD LN  
PORT ORANGE, FL 32127

**FEI Number: 59-3647176**

**Certificate of Status Desired: No**

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

CREECH, CAROLYN W  
4241 SEA MIST DR  
NEW SMYRNA BEACH, FL 32169 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

**Officer/Director Detail :**

Title DPT  
Name CLAY, CAROL  
Address 458 BOUCHELLE DR #202  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DC  
Name CREECH, CAROLYN W  
Address 4241 SEA MIST DR  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DT  
Name CONLON, FRANCES  
Address 165 GOLF LN  
City-State-Zip: MEDFORD NY 11763

Title DC  
Name WEBER, BETTY  
Address 2254 CANDLEWOOD LN  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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: FRANCES CONLON**

**TREASURER**

**03/19/2013**

Electronic Signature of Signing Officer/Director Detail

Date