FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN -1 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12008 (1)

1. Corporation Name

LEAGUE OF WOMEN VOTERS OF DADE COUNTY EDUCATION FUND, INC.

Principal Place of Business	Mailing Address
C/O FLORIDA REGISTERED AGENTS, INC. 5865 SW 108TH ST MIAMI FL 33156	C/O FLORIDA REGISTERED AGENTS, INC. 5865 SW 108TH ST MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2716577 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5275 SUNSET DR	26 5275 SUNSET DR
Suite, Apt. #, etc. 22 #18	Suite, Apt. #, etc. 27 #18
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33143 / 25 USA	Zip / Country 29 33143 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS, INC.
ONE CENTRUST FINANCIAL CENTER, SUITE 3600
100 SE 2ND STREET
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ROBERT F. WEINER
82 Street Address (P.O. Box Number is Not Acceptable)
83: 304 PALERMO AVE
84 City: CORAL GABLES FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert F. Weiner — DATE: 5/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T ☒ Change ☐ Addition
NAME	GREENBERG, BEVERLY	1.2 NAME	HESTER, NANCY
STREET ADDRESS	7600 SW 57 AVE., #125	1.3 STREET ADDRESS	317 FLUVIA AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	ALTAR, ROSS	2.2 NAME	BREWINGTON, ELAINE SUE
STREET ADDRESS	1054 NE 203 LN.	2.3 STREET ADDRESS	17890 W DIXIE HWY #6M
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	N MIAMI BEACH, FL 33160
TITLE	TD	3.1 TITLE	D ☒ Change ☐ Addition
NAME	LEONE, MARY ARLENE	3.2 NAME	LEONE, MARY ARLENE
STREET ADDRESS	5865 SW 108 ST.	3.3 STREET ADDRESS	5865 SW 108 ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33156
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary A Leone — 4/17/95 (Date) — 305-667-3363 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY ARLENE LEONE

0043283