

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90072 002 ****70.00

DOCUMENT # N12008 1. Entity Name LEAGUE OF WOMEN VOTERS OF MIAMI-DADE COUNTY EDUCATION FUND, INC.					
Principal Place of Business 5783 BIRD RD. #146 MIAMI, FL 33155 US			Mailing Address 5783 BIRD RD. #146 MIAMI, FL 33155 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2716577	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STIERHEIM, JUDITH C → CANNON 6720 SW 124TH STREET MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, KIMBERLY T 6805 GLEN EAGLE DR. MIAMI LAKE, FL 33014 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROCKER, GERRI M 16920 SW 78TH PLACE PALMETTO BAY, FL 33157 ☒ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALBIN, MICHAEL 8346 DUNDEE TERRACE MIAMI LAKES, FL 33016 ☒ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINDINGALL, TISHRIA 1071 NW 87TH STREET MIAMI, FL 33150 ☒ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISH, SHERRY 9173 FROUDLE AVENUE SURFSIDE, FL 33154 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, KIMBERLY T 12612 NW 23rd Street Pembroke Pines, FL 33028 ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARKS, DORRIT 10715 SW 74th COURT MIAMI, FL 33156 ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNON STIERHEIM, JUDITH 6720 SW 124th Street MIAMI, FL 33156 ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRION, SOPHIE 1555 MADRUGA AVE / SUITE 332 CORAL GABLES, FL 33146 ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ULSH, SHERRY 9173 FROUDLE AVENUE SURFSIDE FL 33154 ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: <i>Sherry L. Ulsch</i> <i>Sherry L. Ulsch</i> <i>1/30/06</i> <i>305 378 7745</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					