

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90049 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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01252008 Chg-NP CR2E037 (12/06)				4. FEI Number 59-2716577	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STIERHEIM, JUDITH C 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 FL Zip Code		
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) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARKS, DORRIT 10715 SW74TH COURT MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORALES, MAYRA 1051 COLLINS AVE., 1 MIAMI BEACH, FL 33139	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Anderson, Michael 3125 NE 184th Street #1305 Aventura, FL 33160 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARAGO, GIGI 6800 SW 67TH STREET MIAMI, FL 33143	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McMillon, Dannie 4420 NW 176th Street Miami Gardens, FL 33055 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ULSH, SHERRY 9173 FROUDLE AVENUE SURFSIDE, FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ulsh, Sherry 9173 Froude Avenue Surfside, FL 33154 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STIERHEIM, JUDITH 6720 SW 124TH STREET MIAMI, FL 33156	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Betancourt, Annie 1261 Ortega Avenue Coral Gables, FL 33134 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	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>1/28/08</i> <i>305 378 7745</i> SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					