Entity Name: FLORIDA DEMOCRATIC LEAGUE, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

425 NW 27 AVENUE #0751 MIAMI, FL 33135-0751

Current Mailing Address:

DOCUMENT# N07000007945

POB 350751 MIAMI, FL 33135-0751 US

FEI Number: 37-1582128

Name and Address of Current Registered Agent:

GARCIA, ALFREDO 425 NW 27 AVENUE #0751 MIAMI, FL 33135-0751 US FILED May 03, 2023 Secretary of State 7796557943CC

Certificate of Status Desired: No

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:	ALFREDO GARCIA	05/03/2023
	Electronic Signature of Registered Agent	Date

Officer/Director Detail :

Officer/Dire	cior Detair.		
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
Name	RODRIGUEZ, MANUEL	Name	CAMPBELL, DAPHNE SENATOR
Address	POB 350751	Address	POB 350751
City-State-Zip:	MIAMI FL 33135-0751	City-State-Zip:	MIAMI FL 33135-0751
Title	DIRECTOR	Title	DIRECTOR
Name	GONZALEZ, MIRIAM	Name	MOLINA, MARTA
Address	POB 350751	Address	POB 350751
City-State-Zip:	MIAMI FL 33135-0751	City-State-Zip:	MIAMI FL 33135-0751
Title		Title	DIRECTOR
Title	SECRETARY, DIRECTOR	The	2
Name	ARMESTO, ELADIO JOSE	Name	VARONA, NELSON J
Name	ARMESTO, ELADIO JOSE POB 350751	Name	VARONA, NELSON J POB 350751
Name Address	ARMESTO, ELADIO JOSE POB 350751	Name Address	VARONA, NELSON J POB 350751
Name Address City-State-Zip:	ARMESTO, ELADIO JOSE POB 350751 MIAMI FL 33135-0751	Name Address City-State-Zip:	VARONA, NELSON J POB 350751 MIAMI FL 33135-0751
Name Address City-State-Zip: Title	ARMESTO, ELADIO JOSE POB 350751 MIAMI FL 33135-0751 DIRECTOR	Name Address City-State-Zip: Title	VARONA, NELSON J POB 350751 MIAMI FL 33135-0751 DIRECTOR
Name Address City-State-Zip: Title Name	ARMESTO, ELADIO JOSE POB 350751 MIAMI FL 33135-0751 DIRECTOR GARCIA, ALFREDO POB 350751	Name Address City-State-Zip: Title Name	VARONA, NELSON J POB 350751 MIAMI FL 33135-0751 DIRECTOR FONSECA, CLARA POB 350751

Continues on page 2

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: MANUEL RODRIGUEZ

PRESIDENT

05/03/2023

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	PEREZ, LUISA	Name	WILLIAMS, RENAE
Address	POB 350751	Address	POB 350751
City-State-Zip:	MIAMI FL 33135-0751	City-State-Zip:	MIAMI FL 33135-0751
T '0.		T :4	DIDECTOD
Title	DIRCTOR	Title	DIRECTOR
Name	DIRCTOR KENNEDY, JUANITA	l itle Name	DIRECTOR CLAIRE, WEISS