

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

DOCUMENT# N07000007945

**FILED**  
**Feb 12, 2013**  
**Secretary of State**  
**CC4676381450**

**Entity Name:** FLORIDA DEMOCRATIC LEAGUE, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

POB 350751  
JOSE MARTI STATION  
MIAMI, FL 33135-0751 US

**FEI Number:** 37-1582128

**Certificate of Status Desired:** No

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

ESPINOZA, SARA P  
425 NW 27 AVENUE  
#0751  
MIAMI, FL 33135-0751 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 PD  
Name ESPINOZA, SARA PMRS.  
Address POB 350751  
City-State-Zip: MIAMI FL 33135-0751

Title VD  
Name WILCOX, NATHANIEL MR,  
Address POB 350751  
City-State-Zip: MIAMI FL 33135

Title SD  
Name GONZALEZ, MIRIAM MRS.  
Address POB 350751  
City-State-Zip: MIAMI FL 33135-0751

Title TD  
Name MOLINA, MARTA MRS.  
Address POB 350751  
City-State-Zip: MIAMI FL 33135-0751

Title D  
Name ARMESTO, ELADIO JOSE DR.  
Address POB 350751  
City-State-Zip: MIAMI FL 33135-0751

Title D  
Name MANUEL, RODRIGUEZ BDR.  
Address POB 350751  
City-State-Zip: MIAMI FL 33135-0751

*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:** SARA P. ESPINOZA

P/D

02/12/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date