2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000438

Entity Name: VOTING FOR AMERICA CORPORATION

Apr 17, 2014 **Secretary of State** CC1910185688

FILED

Current Principal Place of Business:

805 15TH STREET, NW

250

WASHINGTON, DC 20005

Current Mailing Address:

805 15TH STREET, NW

805

WASHINGTON, DC 20005 US

FEI Number: 26-4802468 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS, FL 33410 US

DIRECTOR

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:

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title PED

BRERETON, RENEE Name Name SLATER, MICHAEL 4429 COLORADO AVE NW Address Address 1350 I STREET NW

WASHINGTON DC 20005 City-State-Zip: WASHINGTON DC 20011 City-State-Zip:

Title AS Title VC

Name MELLOR, BRIAN Name YATES, GARLAND Address 3118 LAKE AVENUE Address 1350 I STREET NW

City-State-Zip: WASHINGTON DC 20005 City-State-Zip: CHEVERLY MD 20785

Title D Title ST

Name ASKIN, FRANK Name GREER, CHRISTINA

Address **RUTGERS LAW SCHOOL 123** Address FORDHAM UNIV. 113 W 60TH ST-9TH

WASHINGTON ST

City-State-Zip: NY NY 10023

PIVEN, FRANCES Name Name KAPLAN, CRAIG

Address 35 CLAREMONT AVENUE, APT. 11-S Address 214 E 18TH ST

City-State-Zip: NEW YORK NY 10027 City-State-Zip: NEW YORK NY 10003

NEWARK NJ 07102

DIRECTOR

Continues on page 2

City-State-Zip:

Title

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.

04/17/2014 CHIEF COUNSEL SIGNATURE: BRIAN MELLOR

Officer/Director Detail Continued:

Title DIRECTOR

Name GROARKE, MARGARET

Address 3330 GILES PLACE City-State-Zip: BRONX NY 10463