

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # 709550

1. Entity Name

FLORIDA VOTERS LEAGUE, INC.



Principal Place of Business

12920 NW 97TH PLACE
OCALA FL 34482-8091

Mailing Address

12920 NW 97TH PLACE
OCALA FL 34482-8091



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3364790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POOLE, EUGENE
12920 NORTHWEST 97TH PLACE
OCALA FL 34482

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 constituting)

DATE

FILE NOW: 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 V ☐ Delete
NAME TOWNSEND, JOANN
STREET ADDRESS RT. 2. BOX 356
CITY-ST-ZIP JASPER FL 3252

TITLE ☐ Change ☐ Addition
NAME U000000880221
STREET ADDRESS 04/15/08-80053-004 61.25
CITY-ST-ZIP

TITLE S ☐ Delete
NAME JOHNSON, ESTHER
STREET ADDRESS RT. 1 BOX 260
CITY-ST-ZIP FT MCCOY, FL 00000 32134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ELOUISE, ADAMS
STREET ADDRESS 7225 RHODE ISLAND DR E
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 2VP ☐ Delete
NAME THOMAS, EZZIE
STREET ADDRESS 929 WOODEN BLVD
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME POOLE, EUGENE A
STREET ADDRESS 12500 N.W. 97TH PLACE
CITY-ST-ZIP Ocala FL 34482

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Eugene A Poole

MARCH 31, 2008