

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709550

FILED
Apr 15, 2009
Secretary of State

Entity Name: FLORIDA VOTERS LEAGUE, INC.

Current Principal Place of Business:

12920 NW 97TH PLACE
OCALA, FL 344828091

New Principal Place of Business:

Current Mailing Address:

12920 NW 97TH PLACE
OCALA, FL 344828091

New Mailing Address:

FEI Number: 59-3364790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, EUGENE
12920 NORTHWEST 97TH PLACE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: TOWNSEND, JOANN
Address: RT. 2. BOX 356
City-St-Zip: JASPER, FL 3252

Title: S () Delete
Name: JOHNSON, ESTHER
Address: RT. 1 BOX 260
City-St-Zip: FT MCCOY, FL 00000, 32134

Title: TD () Delete
Name: ELOUISE, ADAMS
Address: 7225 RHODE ISLAND DR E
City-St-Zip: JACKSONVILLE, FL 32209

Title: 2VP () Delete
Name: THOMAS, EZZIE
Address: 929 WOODEN BLVD
City-St-Zip: ORLANDO, FL 32805

Title: PD () Delete
Name: POOLE, EUGENE A
Address: 12500 N.W. 97TH PLACE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EUGENE POOLE

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date