

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90001 008 ****61.25

DOCUMENT # 712836 1. Entity Name THE LEAGUE OF WOMEN VOTERS OF FLORIDA, INC.					
Principal Place of Business 540 BEVERLY COURT TALLAHASSEE, FL 32301			Mailing Address 540 BEVERLY COURT TALLAHASSEE, FL 32301		
2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02192007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-0905672	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GRAHAM, CLARA ANN 25201 DIVOT DRIVE BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent 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 remaining)					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P WHEATLEY, DIANNE G 2342 COUNTRY WOOD LANE PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEAHAM, CLARA ANNE 25201 DWAT DRIVE BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Graham, Clara Anne</i> ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, NANCY L 914 HOI BROOK CIRCLE FORT WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLS, MADISON 2346 KILLSBERRY DR. W TALLAHASSEE, FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Wills, Marilyn</i> ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COEN, JOANNE 1960 ARDORSE WAY LADY LAKE, FL 32162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCLAY, CAROL 10802 BARRED OWL CIRCLE ESTERO, FL 33928	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerments.					
SIGNATURE: <i>Clara Anne Graham, Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>2/20/07</i> Daytime Phone # <i>239-560-9379</i>		