

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712836

FILED
Apr 12, 2009
Secretary of State

Entity Name: THE LEAGUE OF WOMEN VOTERS OF FLORIDA, INC.

Current Principal Place of Business:

540 BEVERLY COURT
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

540 BEVERLY COURT
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-0905672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, CLARA ANNE
25201 DIVOT DRIVE
BONITA SPRINGS, FL 34135 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: P () Delete
Name: WILLS, MARILYNN
Address: 2326 KILKENNY DR W
City-St-Zip: TALLAHASSEE,, FL 32309

Title: T () Delete
Name: GRAHAM, CLARA ANNE
Address: 25201 DIVOT DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: COBLE, TERRY A
Address: 601 NE 56TH STREET
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: MITCHELL, NANCY
Address: 914 HOLBROOK CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S () Delete
Name: COEN, JOANNE
Address: 1960 ARDORSE WAY
City-St-Zip: LADY LAKE, FL 32162

Title: D () Delete
Name: GOODMAN, PAMELA
Address: 3603 N OCEAN BLVD
City-St-Zip: GULF STREAM, FL 33483

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:

Title: D (X) Change () Addition
Name: BURK, KAY
Address: 1090 STARLING WAY
City-St-Zip: VIERA, FL 32955

Title: VP (X) Change () Addition
Name: RYAN, NANCY
Address: 301 OCEAN AVE
City-St-Zip: NEW SMYRAN BEACH, FL 32169

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: CLARA ANNE GRAHAM

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04/12/2009

Electronic Signature of Signing Officer or Director

Date