

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722812

1. Corporation Name

THE LEAGUE OF WOMEN VOTERS OF FLORIDA EDUCATION
FUND, INC.

Principal Place of Business

540 BEVERLY COURT
TALLAHASSEE FL 32301

Mailing Address

540 BEVERLY COURT
TALLAHASSEE FL 32301

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90059 009 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/01/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1385724	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

FAY P. LAW
624 ORANGE ST
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	RICHARDSON, PAT	1.2 NAME	
STREET ADDRESS	1912 BONITA WAY SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	GILL, PATRICIA L	2.2 NAME	
STREET ADDRESS	218 B STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	LAW, FAY	3.2 NAME	
STREET ADDRESS	624 ORANGE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CASWELL, DEBORAH	4.2 NAME	
STREET ADDRESS	2 SLEEPY HOLLOW COVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	JANE GROSS	5.2 NAME	
STREET ADDRESS	6700 TROPICAL WAY E	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MARY KNIGHT	6.2 NAME	
STREET ADDRESS	503 COLDSTREAM DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

Daytime Phone #

904 461-3950

CR2E037 (11/98)