

DOCUMENT # 722812

1. Entity Name

THE LEAGUE OF WOMEN VOTERS OF FLORIDA EDUCATION

Principal Place of Business

Mailing Address

**540 BEVERLY COURT
TALLAHASSEE FL 32301****540 BEVERLY COURT
TALLAHASSEE FL 32301-2506**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**FAY P. LAW
624 ORANGE ST
PALM HARBOR FL 34683**

Name

SANDRA SHEETS

Street Address (P.O. Box Number is Not Acceptable)

1725 ATHENS COURT

City

LAKELAND**FL**Zip Code
33803

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.

SIGNATURE

Sandra Sheets, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDSON, PAT 1912 BONITA WAY SOUTH ST. PETERSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILL, PATRICIA L 218 B STREET ST. AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAW, FAY 624 ORANGE ST PALM HARBOR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASWELL, DEBORAH 2 SLEEPY HOLLOW COVE LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANE GROSS 6700 TROPICAL WAY E PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY KNIGHT 503 COLDSTREAM DR TALLAHASSEE FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, CAROL S 4047 NW 115th AV CORAL SPRINGS FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WISLER, CAROL A 665 BALMORAL RD WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEETS, SANDRA 1725 ATHENS CT LAKELAND, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, NANCY L 914 HOLBROOK CIRCLE FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

CAROL A. WISLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL A. WISLER 2/3/2000

Date

Daytime Phone #

**FILED
Feb 11, 2000 8:00 am
Secretary of State**

02-11-2000 90035 034 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1385724

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent