2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 22, 2002 8:00 am § Secretary of State **DOCUMENT # 722812** 1. Entity Name 05-22-2002 90087 007 ****61.25 THE LEAGUE OF WOMEN VOTERS OF FLORIDA EDUCATION FUND, INC. Principal Place of Business Mailing Address **#0 BEVERLY COURT** 540 BEVERLY COURT BU31U494 TALLAHASSEE FL 32301 **ILLAHASSEE FL 32301** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1385724 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name..... الرهاي والرحيح بالأفاومجسف er is the enter of the Street Address (P.O. Box Number is Not Acceptable) SHEETS, SANDRA 1725 ATHENS COURT LAKELAND FL 33803 City Zip Code FL 3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete Addition NAME SMITH, CAROL S NAME STREET ADDRESS-STREET ADDRESS 4047 NW 115TH AV CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 TITLE TITLE NAME WISLER, CAROL A NAME STREET ADDRESS 665 BALMORAL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE TITLE NAME. SHEETS, SANDRA NAME STREET ADDRESS STREET ADDRESS 1725 ATHENS CT CITY-ST-ZIP CITY-ST-ZIP AKELAND FL 33803 TITLE ☐ Delete TITLE NAME MITCHELL, NANCY L NAME STREET ADDRESS 914 HOLBROOK CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32547 TITLE President ☐ Delete TITLE Change ☐ Addition NAME JANE GROSS NAME STREET ADDRESS STREET ADDRESS 6700 TROPICAL WAY E CITY-ST-ZIP CITY-ST-ZIP PLANTATION.FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARY KNIGHT NAME STREET ADDRESS 503 COLDSTREAM DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 SIGNATURE: