


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90133 045 \*\*\*\*61.25

<b>DOCUMENT # 722812</b> 1. Entity Name <b>THE LEAGUE OF WOMEN VOTERS OF FLORIDA EDUCATION FUND, INC.</b>					
Principal Place of Business <b>540 BEVERLY COURT TALLAHASSEE, FL 32301</b>			Mailing Address <b>540 BEVERLY COURT TALLAHASSEE, FL 32301</b>		
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  <b>GRAHAM, CLARA ANNE 25201 DIVOT DRIVE BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAHAM, CLARA ANNE		NAME		
STREET ADDRESS	25201 DIVOT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEVINE, DANIELLE		NAME	<i>Secretary</i>	
STREET ADDRESS	860 JERONIMO DRIVE		STREET ADDRESS	<i>212 Strawberry Lane</i>	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	<i>Daytona Beach, FL</i>	
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHRAMM, CAROLINE E		NAME	<i>32117</i>	
STREET ADDRESS	1541 HIGHLAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, NANCY L		NAME		
STREET ADDRESS	914 HOLBROOK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANNION, ELIZABETH		NAME		
STREET ADDRESS	887 GULFVIEW BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, CHARLENE		NAME		
STREET ADDRESS	3505 KILKENNY DRIVE E.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Clara Anne Graham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4/30/04</i> <i>239-495-9898</i> <small>Date Daytime Phone</small>		

**54053406**



04252004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1385724**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2004**

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**

T ☐ Delete

NAME  
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CITY-ST-ZIP

GRAHAM, CLARA ANNE  
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BONITA SPRINGS, FL 34135

D ☒ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

BEVINE, DANIELLE  
860 JERONIMO DRIVE  
CORAL GABLES, FL 33134

P ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

SCHRAMM, CAROLINE E  
1541 HIGHLAND ROAD  
WINTER PARK, FL 32789

VP ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

MITCHELL, NANCY L  
914 HOLBROOK CIRCLE  
FORT WALTON BEACH, FL 32547

D ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

MANNION, ELIZABETH  
887 GULFVIEW BLVD.  
CLEARWATER BEACH, FL

D ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

WALKER, CHARLENE  
3505 KILKENNY DRIVE E.  
TALLAHASSEE, FL

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone