


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90565 040 ****61.25

DOCUMENT # 722812 1. Entity Name THE LEAGUE OF WOMEN VOTERS OF FLORIDA EDUCATION FUND, INC.	
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Principal Place of Business 540 BEVERLY COURT TALLAHASSEE, FL 32301	Mailing Address 540 BEVERLY COURT TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1385724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, CLARA ANNE
25201 DIVOT DRIVE
BONITA SPRINGS, FL 34135**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAHAM, CLARA ANNE 25201 DIVOT DRIVE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SNYDER, JEAN 212 STRAWBERRY LANE DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHRAMM, CAROLINE E 1541 HIGHLAND ROAD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, NANCY L 914 HOLBROOK CIRCLE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNION, ELIZABETH 887 GULFVIEW BLVD. CLEARWATER BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, CHARLENE 3505 KILKENNY DRIVE E. TALLAHASSEE, FL

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 239.390.0771
Date Daytime Phone #