


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90351 004 ****61.25

DOCUMENT # 722812 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1385724	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAHAM, CLARA ANNE 25201 DIVOT DRIVE BONITA SPRINGS, FL 34135			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
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	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SNYDER, JEAN		NAME	<i>President Wheatley-Heliotte, DiAnne</i>	
STREET ADDRESS	212 STRAWBERRY LANE		STREET ADDRESS	<i>2842 Country Wood Lane</i>	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP	<i>Palm Harbor, FL 34683</i>	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHRAMM, CAROLINE E		NAME	<i>Vice-President Wills, Marilyn</i>	
STREET ADDRESS	1541 HIGHLAND ROAD		STREET ADDRESS	<i>2326 Kilkenny Dr. W.</i>	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	<i>Tallahassee, FL 32309</i>	
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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MANNION, ELIZABETH		NAME	<i>Secretary Coen, Anne</i>	
STREET ADDRESS	887 GULFVIEW BLVD.		STREET ADDRESS	<i>1960 Argonne Way</i>	
CITY-ST-ZIP	CLEARWATER BEACH, FL		CITY-ST-ZIP	<i>The Villages, FL 32162</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALKER, CHARLENE		NAME	<i>Director Bailey, Carol</i>	
STREET ADDRESS	3505 KILKENNY DRIVE E.		STREET ADDRESS	<i>10802 Baywood Circle</i>	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	<i>Estero, FL 33928</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Clara Anne Graham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4/26/06 239-992-0882</i> <small>Date Daytime Phone #</small>		