

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

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**



02192007 No Chg-NP CR2E037 (4/06)

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**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

U000000644452
03/02/07-80042-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	GRAHAM, CLARA ANNE
STREET ADDRESS	25201 DIVOT DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	P
NAME	WHEATLEY-GILIOTTI, DIONNE
STREET ADDRESS	2842 COUNTRY WOODS LANE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VP
NAME	WILLS, MARILYNN
STREET ADDRESS	2326 KILKENNY DR W.
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	VP
NAME	MITCHELL, NANCY L
STREET ADDRESS	914 HOLBROOK CIRCLE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	S
NAME	COEN, JOANNE
STREET ADDRESS	1960 ORDMORE WAY
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	D
NAME	BARCLAY, CAROL
STREET ADDRESS	10802 BAUED OWL CIR
CITY-ST-ZIP	ESTERO, FL 33928

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IN THIS SPACE**

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

Clara Anne Graham, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07
Date

239-560-9379
Daytime Phone #