2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722812

FILED Apr 12, 2009 Secretary of State

Entity Name: THE LEAGUE OF WOMEN VOTERS OF FLORIDA EDUCATION FUND, INC.

Current Principal Place of Business: New Principal Place of Business: 540 BEVERLY COURT TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 540 BEVERLY COURT TALLAHASSEE, FL 32301 FEI Number: 59-1385724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAHAM, CLARA ANNE 25201 DIVOT DRIVE BONITA SPRINGS, FL 34135 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRAHAM, CLARA ANNE Name: Name: 25201 DIVOT DRIVE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition WILLS, MARILYNN Name: Name: Address: 2326 KILKENNY DR W Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: () Delete Title: () Change () Addition COBLE, TERRY A Name: Name: 601 NE 56TH STREET Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MITCHELL, NANCY L Name: Address: 914 HOLBROOK CIRCLE Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition COEN, JOANNE RYAN, NANCY Name: Name: 1960 ORDMORE WAY 301 OCEAN AVE Address: Address: NEW SMYRAN BEACH, FL 32169 City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: Title: () Delete Title: (X) Change () Addition GOODMAN, PAMELA BURK KAY Name: Name: Address: 3603 N OCEAN BLVD Address: 1090 STARLING WAY GULF STREAM, FL 33483 VIERA, FL 32955 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA ANNE GRAHAM T 04/12/2009