2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764757

FILED Jan 20, 2005 Secretary of State

Entity Name: THE LEAGUE OF WOMEN VOTERS OF TALLAHASSEE, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 10216 P.O. BOX 10216

PO BOX 10216 (32302) PO BOX 10216 (32302)

TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 323020216 US

Current Mailing Address: New Mailing Address:

P.O. BOX 10216 P.O. BOX 10216

TALLAHASSEE, FL 32302 US TALLAHASSEE, FL 323020216 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANN, DOROTHY M 1446 MARION AVENUE

TALLAHASSEE, FL 32302 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

JONES, MIMI JONES, MIMI Name: Name:

1713 SILVERWOOD DR. Address: 2428 BASSWOOD LANE Address: City-St-Zip: TALLAHASSEE, FL 323016775 City-St-Zip: TALLAHASSEE, FL 323086283

Title: Title: (X) Change () Addition () Delete

RUSSELL, LYNDA Name: WILLS, MARILYNN Name: Address: 9983 BUCK POINT RD Address: 2326 KILKENNY DRIVE, W City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 323093156

Title: () Delete Title: () Change () Addition

FINDLING, JANET Name: Name: 1409 WEKEWA NENE Address: Address: City-St-Zip: TALLAHASSEE, FL City-St-Zip:

Title: () Delete Title: (X) Change () Addition

COOMBS, JOYCE Name: WILLS, MARILYN Name: 2326 KILKENNY DRIVE, W Address: Address: 323093156

TALLAHASSEE, FL 323093156 City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete Title: () Change () Addition

CAMPBELL, FRANCES Name: Name: 3943 LEANE DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

NORENE, CHASE NORENE, CHASE Name: Name: Address: 4055 CASTLETON CIRCLE Address: 405 CASTLETON CIRCLE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: /S/ MIMI G. JONES Т 01/20/2005