

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90276 034 ****66.25

DOCUMENT # 764757

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



Principal Place of Business
P.O. BOX 10216
PO BOX 10216 (32302)
TALLAHASSEE, FL 32302-0216 US

Mailing Address
P.O. BOX 10216
TALLAHASSEE, FL 32302-0216 US

50006017



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, DOROTHY M.
1446 MARION AVENUE
TALLAHASSEE, FL 32302

Name **H. A. McDaniel**

Street Address (P.O. Box Number is Not Acceptable)
7243 WINTERCREEK LANE

TALLAHASSEE

City

FL

Zip Code
32309

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 **HAYNES A McDaniel**

Haynes A McDaniel

3-16-2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$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 ☒ Delete
NAME **JONES, MIMI**
STREET ADDRESS **2428 BASSWOOD LANE**
CITY-ST-ZIP **TALLAHASSEE, FL 323086283**

TITLE ☐ Change ☒ Addition
NAME **H.A. McDaniel**
STREET ADDRESS **7243 Wintercreek Lane**
CITY-ST-ZIP **Tallahassee, FL 32309-7401**

TITLE ☐ Delete
NAME **WILLS, MARILYNN**
STREET ADDRESS **2328 KILKENNY DRIVE, W**
CITY-ST-ZIP **TALLAHASSEE, FL 323093156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **FINDLING, JANET**
STREET ADDRESS **1409 WEKEWA NENE**
CITY-ST-ZIP **TALLAHASSEE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **COOMBS, JOYCE**
STREET ADDRESS **323093156**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CAMPBELL, FRANCES**
STREET ADDRESS **3943 LEANE DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **NORENE, CHASE**
STREET ADDRESS **405 CASTLETON CIRCLE**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 817, 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: **HAYNES A McDaniel, TREASURER** *Haynes A McDaniel*

3-16-06

850-386-5945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #