


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90199 008 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
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		
MCDANIEL, H.A. 4243 WINTERCREEK LN → 7243 WINTERCREEK LN TALLAHASSEE, FL 32309			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> 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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	MCDANIEL, H.A.		NAME		
STREET ADDRESS	7243 WINTERCREEK LN		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 323097401		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLS, MARILYNN		NAME		
STREET ADDRESS	2326 KILKENNY DRIVE, W		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 323093156		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINDLING, JANET		NAME		
STREET ADDRESS	1409 WEKEWA NENE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOMBS, JOYCE		NAME		
STREET ADDRESS	323093156		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, FRANCES		NAME		
STREET ADDRESS	3943 LEANE DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORENE, CHASE		NAME		
STREET ADDRESS	405 CASTLETON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		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 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>H.A. McDaniel</i> H.A. McDaniel			4/18/2007 850-386-5945		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		