

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90025 030 ****61.25

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

50000145



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MCDANIEL, H.A.
7243 WINTERCREEK LN.
TALLAHASSEE, FL 32309**

Name

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

City

FL

Zip Code

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, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T MCDANIEL, H.A.
7243 WINTERCREEK LN
TALLAHASSEE, FL 323097401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P WILLS, MARILYNN
2326 KILKENNY DRIVE, W
TALLAHASSEE, FL 323093156** ☐ Delete

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

H.A. McDaniel **H.A. McDaniel**

3/10/08

850-386-5945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #