## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## 07-21-2006 90026 031 \*\*\*\*61.25 DOCUMENT # F04000005058 PROJECT VOTE/VOTING FOR AMERICA, INC. 40100320 Principal Place of Business Mailing Address **1024 ELYSIAN FIELDS AVENUE 1024 ELYSIAN FIELDS AVENUE** NEW ORLEANS, LA 70117 NEW ORLEANS, LA 70117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032006 Chg-NP CR2E037 (4/06) Applied For City & State City & State 4. FEI Number 72-1268719 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DR. SUITE 4 WESTON, FL 33331 City 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE ☐ Change Addition NELSON, MAXINE NAME NAME 4308 W 9TH AVENUE STREET ADDRESS STREET ADDRESS PINE BLUFF, AR 71603 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition HAMPTON, GEORGE NAME NAME STREET ADDRESS 31 HAVELOCK STREET ADDRESS DORCHESTER, MA 02124 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition ALVEREZ, MARY NAME NAME STREET ADDRESS 845 FLATBRUSH STREET ADDRESS CITY-ST-7IP BROOKLYN, NY 11226 CITY-ST-ZIP ☐ Addition ☐ Delete MATA, CLEO NAME NAME 6503 KERNEL STREET STREET ADDRESS STREET ADDRESS

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, withyall other like empowered.

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TITLE

NAME STREET ADDRESS

TITLE

NAME

BROOKLYN, NY 11226

FAHERTY, BARBARA

1024 ELYSIAN FIELDS AVENUE

NEW ORLEANS, LA 70117

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Davtime Phone #

Change

☐ Change

☐ Addition

☐ Addition

## FILED Jul 21, 2006 8:00 am Secrétary of State