

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005058

FILED
Apr 03, 2009
Secretary of State

Entity Name: PROJECT VOTE/VOTING FOR AMERICA, INC.

Current Principal Place of Business:

2609 CANAL STREET
3RD FLOOR-LEGAL
NEW ORLEANS, LA 70119

New Principal Place of Business:

Current Mailing Address:

2609 CANAL STREET
3RD FLOOR-LEGAL
NEW ORLEANS, LA 70119

New Mailing Address:

2609 CANAL STREET
LEGAL DEPT
NEW ORLEANS, LA 70119

FEI Number: 72-1268719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELSON, MAXINE
Address: 4308 W 9TH AVENUE
City-St-Zip: PINE BLUFF, AR 71603

Title: V () Delete
Name: HAMPTON, GEORGE
Address: 31 HAVELOCK
City-St-Zip: DORCHESTER, MA 02124

Title: S () Delete
Name: ALVEREZ, MARY
Address: 845 FLATBRUSH
City-St-Zip: BROOKLYN, NY 11226

Title: T () Delete
Name: MATA, CLEO
Address: 6503 KERNEL STREET
City-St-Zip: HOUSTON, TX 77087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELIZABETH WOLFF

AT

04/03/2009

Electronic Signature of Signing Officer or Director

Date