

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002626

FILED
Apr 11, 2004
Secretary of State

Entity Name: HARLEM VOTER'S LEAGUE CORPORATION

Current Principal Place of Business:

1010-J HARLEM ACADEMY AVE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

P O BOX 1831
CLEWISTON, FL 33440

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, EGBERT
1010-J HARLEM ACADEMY AVE
CLEWISTON, FL 33440 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: PD () Delete
Name: SMALL, FREDERICK
Address: 1037 MISSISSIPPI AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: VPD () Delete
Name: DIXON, EMMA
Address: 1203 LOUISIANA AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: SD () Delete
Name: REDD, WILLIE P
Address: 1138 VIRGINIA AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: TD () Delete
Name: TAYLOR, EGBERT
Address: 1018 LOUISIANA AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: RTD () Delete
Name: CLARKE, HYLTON
Address: 1118 VIRGINIA AVENUE
City-St-Zip: CLEWISTON, FL 33440

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EGBERT TAYLOR

TD

04/11/2004

Electronic Signature of Signing Officer or Director

Date