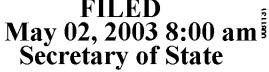
## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N0100002626 HARLEM VOTER'S LEAGUE CORPORATION



05-02-2003 90247 024 \*\*\*\*61.25



Principal Place of Business Mailing Address 1010-J HARLEM ACADEMY AVE P O BOX 1831 CLEWISTON FL 33440 CLEWISTION FL 33440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Antilled For City & State 4. FEI Number 65-1122515 √\_ ₁vot Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, EGBERT Street Address (P.O. Box Number is Not Acceptable) 1010-J HARLEM ACADEMY AVE **CLEWISTION FL 33440** Zip Code City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMALL, FREDERICK NAME NAME 1037 MISSISSIPPI AVENUE STREET ADDRESS STREET ADDRESS **CLEWISTON FL 33440** CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIXON, EMMA NAME NAME 1203 LOUISIANA AVENUE STREET ADDRESS STREET ADDRESS **CLEWISTON FL 33440** CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE Change Addition REDD, WILLIE P NAME NAME 1138 VIRGINIA AVENUE STREET ADDRESS STREET ADDRESS **CLEWISTON FL 33440** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TAYLOR, EGBERT NAME NAME 1018 LOUISIANA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEWISTON FL 33440** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE CLARKE, HYLTON NAME NAME 1118 VIRGINIA AVENUE STREET ADDRESS STREET ADDRESS CLEWISTON FL-33440 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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