

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000870

FILED
Apr 06, 2009
Secretary of State

Entity Name: VOTER'S ORGANIZATION INVOLVED IN CHILDREN'S EDUCATION, INC.

Current Principal Place of Business:

C/O SHERRI BOAM
4249 FAWN MEADOW CIRCLE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

C/O SHERRI BOAM
4249 FAWN MEADOW CIRCLE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-4268653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELPS, TAMMY
12740 AMBER AVENUE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

FOLEY, ROBERT V
15631 VINOLA DRIVE
MONTVERDE, FL 34756 US

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: ROBERT V. FOLEY

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BOAM, SHERRI
Address: 4249 FAWN MEADOW CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: VC () Delete
Name: FOLEY, ROBERT V
Address: 15631 VINOLA DRIVE
City-St-Zip: MONTVERDE, FL 34756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT V. FOLEY

VC

04/06/2009

Electronic Signature of Signing Officer or Director

Date