

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003640

FILED
Mar 29, 2009
Secretary of State

Entity Name: THE VOTERS COALITION, INC.

Current Principal Place of Business:

13900 JOG ROAD
SUITE 203-211
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

13900 JOG ROAD
SUITE 203-211
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 20-4595678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMARK, BOB A
6900 ASHTON STREET
BOYNTON BEACH, FL 33437 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: NEWMARK, BOB A MR.
Address: 6900 ASHTON STREET
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VPD () Delete
Name: BERGMAN, PETER MR.
Address: 8209 SANDPIPER GLEN DR.
City-St-Zip: LAKE WORTH, FL 33467 US

Title: SD () Delete
Name: BAKER, EDWARD MR.
Address: 5315 LONDON CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: TD () Delete
Name: KARASICK, LUCILLE MRS.
Address: 14310 STRATHMORE LANE, #207
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: D () Delete
Name: OSTROW, HAROLD MR.
Address: 6585 KENSINGTON LANE # 206
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: D () Delete
Name: PIERCE, STANLEY DR.
Address: 7412 MANDARIN DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: FARKAS, GERALD MR.
Address: 11577 PUERTO BLVD
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: SD (X) Change () Addition
Name: APTAKER, EDWARD MR.
Address: 2340 RABBIT HOLLOW CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445 US

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: BOB A NEWMARK

PD

03/29/2009

Electronic Signature of Signing Officer or Director

Date