2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N08000004549

Entity Name: FLORIDA VOTERS COALITION, INC.

Current Principal Place of Business:

6200 SW 63RD COURT
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6200 SW 63RD COURT
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 26-3542355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, DAVID
JACOBS, NONES AND CARNEY, CPAS, LLP
6401 SW 87TH AVE., STE. 204
MIAMI, FL 33173 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/D ( ) Delete
Name: MCCREA, DAN
Address: 6200 SW 63RD COURT
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VP/D ( ) Delete
Name: HAENGEL, PAM
Address: 6200 SW 63RD COURT
City-St-Zip: SOUTH MIAMI, FL 33143

Title: T/D ( ) Delete
Name: JACOBS, DAVID
Address: 6401 SW 87TH AVE., STE. 204
City-St-Zip: MIAMI, FL 33173

Title: S/D ( ) Delete
Name: FLETCHER, LISA
Address: 6200 SW 63RD COURT
City-St-Zip: SOUTH MIAMI, FL 33143

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: LINDA, KAPLAN
Address: 6200 SW 63RD COURT
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D ( ) Change (X) Addition
Name: LARRY, SHERRY
Address: 6200 SW 63RD COURT
City-St-Zip: SOUTH MIAMI, FL 33143

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: DAN MCCREA PD 02/21/2009

Electronic Signature of Signing Officer or Director — Date