

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004773

FILED  
Jan 15, 2011  
Secretary of State

**Entity Name:** FLORIDA VOTERS FOUNDATION, 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: 26-3542428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACOBS, DAVID  
6401 SW 87TH AVENUE  
SUITE 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: PD  
Name: MCCREA, DAN  
Address: 6200 SW 63RD COURT  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VD  
Name: HAENGEL, PAM  
Address: 6200 SW 63RD COURT  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: TD  
Name: JACOBS, DAVID  
Address: 6401 SW 87TH AVENUE #204  
City-St-Zip: MIAMI, FL 33173

Title: SD  
Name: FLETCHER, LISA  
Address: 6200 SW 63RD COURT  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D  
Name: LINDA, KAPLAN  
Address: 6200 SW 63RD COURT  
City-St-Zip: SOUTH MIAMI, FL 33143

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

I hereby 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 all other like empowered.

SIGNATURE: DAN MCCREA

PD

01/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date