


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90040 033 ****70.00

DOCUMENT # N11852					
1. Entity Name LEAGUE OF WOMEN VOTERS OF DADE COUNTY, INC.					
Principal Place of Business 5783 BIRD RD. #146 MIAMI, FL 33155 US			Mailing Address 5783 BIRD RD. #146 MIAMI, FL 33155 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1165707	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRINEGAR, BOBBIE 625 ALMENA AVE #3 CORAL GABLES, FL 33134				Name <u>Judith Cannon Strickheim</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>6720 SW 124th Street</u>	
				City <u>Miami</u> FL Zip Code <u>33156</u>	
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 <u>Judith Cannon Strickheim</u> <u>Judith Cannon Strickheim President</u> <u>1/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KIMBERLY T		NAME		
STREET ADDRESS	6805 GLEN EAGLE DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBLE, TERRY		NAME	Geri M Rucker	
STREET ADDRESS	601 NE 56 ST		STREET ADDRESS	16920 SW 78th Place	
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	Palmetto Bay, FL 33157	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINEGAR, BOBBIE		NAME	Judith Cannon Strickheim	
STREET ADDRESS	625 ALMERIA AVE #3		STREET ADDRESS	6720 SW 124th Street	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Miami FL 33156	
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Maribel Balbin	
STREET ADDRESS			STREET ADDRESS	8346 Dundee Terrace	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Tishaia Mindingall	
STREET ADDRESS			STREET ADDRESS	1071 NW 87th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Miami FL 33150	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sherry Ulsh	
STREET ADDRESS			STREET ADDRESS	9173 Froude Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Surfside FL 33154	
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: <u>Sherry H. Ulsh</u> <u>Sherry H. Ulsh</u> <u>1/11/05</u> <u>305-323-6289</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					