2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N13429

Entity Name: LEAGUE OF WOMEN VOTERS OF COLLIER COUNTY EDUCATION FUND, INC.

Current Principal Place of Business:

P.O. BOX 9883
NAPLES, FL 34101 US

New Principal Place of Business:

409 ARBOR LAKE DRIVE
NAPLES, FL 34110 US

Current Mailing Address:

P.O. BOX 9883
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2659558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JODER, MARJORIE J
409 ARBOR LAKE DR
NAPLES, FL 34110 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 ( ) Delete
Name: STRATON, CHRIS
Address: 4260 MONTALVO COURT
City-St-Zip: NAPLES, FL 34109

Title: TT ( ) Delete
Name: JODER, MARJORIE
Address: P.O. BOX 770-789
City-St-Zip: NAPLES, FL 34107

Title: S ( ) Delete
Name: SLEBODNIK, KATHLEEN
Address: 32 PEBBLE BEACH BLVD.
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete
Name: MCHAELS, BONNIE
Address: 592 BEACHWALK CIRCLE N 202
City-St-Zip: NAPLES, FL 34108

Title: 1VP ( ) Delete
Name: GALTON, LYDIA
Address: 442 ROSEMEADE LANE
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: SCHMELZ, BERNICE
Address: 5575 DOGWOOD WAY
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STRATON, CHRIS
Address: 4260 MONTALVO COURT
City-St-Zip: NAPLES, FL 34109

Title: TT (X) Change ( ) Addition
Name: JODER, MARJORIE
Address: P.O. BOX 770789
City-St-Zip: NAPLES, FL 34107

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

Title: P (X) Change ( ) Addition
Name: PARKER, SANDY
Address: 3035 MONA LISA BLVD
City-St-Zip: NAPLES, FL 34119

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: MARJORIE J JODER T 04/09/2009
Electronic Signature of Signing Officer or Director — Date