

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001171

1. Entity Name
**WOMEN ELECTED TO MUNICIPAL GOVERNMENT IN
FLORIDA, INC.**



Principal Place of Business
**3528 MAJESTIC OAKS DRIVE
JACKSONVILLE, FL 32277**

Mailing Address
**3528 MAJESTIC OAKS DRIVE
JACKSONVILLE, FL 32277**



02062005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3522789

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JIROTKA, GEORGE M ESQ.
501 E KENNEDY BLVD
SUITE 1700
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME HALVORSEN, JEAN M
STREET ADDRESS 79 ROYAL PALM CIRCLE
CITY-ST-ZIP LARGO, FL 33778

TITLE D
NAME LUDWIG, HELEN
STREET ADDRESS 3528 MAJESTIC OAKS DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE D
NAME MIRSKY, LEE
STREET ADDRESS 6501 NW 54TH COURT
CITY-ST-ZIP LAUDERHILL, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000225596
02/11/05-80046-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Helen Ludwig* **HELEN LUDWIG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05 (904) 713-6042

Date

Day/Time Phone #