

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90466 032 ****61.25

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**

50015993



2. Principal Place of Business

3. Mailing Address

1st MOORE CR2E037 (10/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3522789

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

DAVID A. GEMUNDER c/o FOWLER WHITE

Street Address (P.O. Box Number is Not Acceptable)

50665 BAKER P.A.

501 EAST KENNEDY BLVD SUITE 1700

City

TAMPA

FL

Zip Code

33602

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

L. C. ~

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

(NOTE: Registered Agent signature required when reinstating)

4-10-06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2-21-06 904-743-6042**