

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001171

FILED
Mar 26, 2007
Secretary of State

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

Current Principal Place of Business:

3528 MAJESTIC OAKS DRIVE
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3528 MAJESTIC OAKS DRIVE
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3522789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LUDWIG, HELEN
3528 MAJESTIC OAKS DR.
JACKSONVILLE, FL 32277 US

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: HELEN LUDWIG

03/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALVORSEN, JEAN M
Address: 79 ROYAL PALM CIRCLE
City-St-Zip: LARGO, FL 33778

Title: D () Delete
Name: LUDWIG, HELEN
Address: 3528 MAJESTIC OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: MIRSKY, LEE
Address: 6501 NW 54TH COURT
City-St-Zip: LAUDERHILL, FL 33319

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALE, SUZANNE
Address: 728 SHORE DR. E.
City-St-Zip: OLDSMAR, FL 34677

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

Title: VP (X) Change () Addition
Name: SHARON, PRITCHETT
Address: 1320 NW 14TH ST.
City-St-Zip: MIAMI, FL 33125

Title: D () Change (X) Addition
Name: CELONA, JEANNE DR.
Address: 2990 S. ATLANTIC AVE.
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: D () Change (X) Addition
Name: MILLER, JANICE
Address: 309 EXETER DR.
City-St-Zip: OLDSMAR, FL 34677

Title: D () Change (X) Addition
Name: MADISON, DELORES
Address: PO BOX 438
City-St-Zip: MIDWAY, FL 32343

I hereby certify that the information supplied with this filing does not qualify for the 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: HELEN LUDWIG

D

03/26/2007

Electronic Signature of Signing Officer or Director

Date