

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 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**



04092008 No Chg-NP CR2E037 (4/06)

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

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VALE, SUZANNE
STREET ADDRESS	728 SHORE DR. E.
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	LUDWIG, HELEN
STREET ADDRESS	3528 MAJESTIC OAKS DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	VP
NAME	SHARON, PRITCHETT
STREET ADDRESS	1320 NW 14TH ST.
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	CELONA, JEANNE DR.
STREET ADDRESS	2990 S. ATLANTIC AVE.
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118
TITLE	D
NAME	MILLER, JANICE
STREET ADDRESS	309 EXETER DR.
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	MADISON, DELORES
STREET ADDRESS	PO BOX 438
CITY-ST-ZIP	MIDWAY, FL 32343

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04/23/08-80062-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-08
Date

904-743-6042
Daytime Phone #