

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001171

FILED
Apr 23, 2009
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:

LUDWIG, HELEN
3528 MAJESTIC OAKS DR.
JACKSONVILLE, FL 32277 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: VALE, SUZANNE
Address: 728 SHORE DR. E.
City-St-Zip: OLDSMAR, FL 34677

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: LUDWIG, HELEN
Address: 3528 MAJESTIC OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP (X) Change () Addition
Name: HUBBARD, LYNN
Address: 600 W. BLUE HERON BLVD.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VP (X) Change () Addition
Name: TILL, KATHY
Address: PO BOX 1229
City-St-Zip: APOPKA, FL 32704

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: HELEN LUDWIG

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date