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May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90074 002 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000005999

1. Corporation Name

VOTING ONLINE, INC.

Principal Place of Business

1858 LARETTE DRIVE  
APT A  
TALLAHASSEE FL 32301

Mailing Address

1858 LARETTE DRIVE  
APT A  
TALLAHASSEE FL 32301



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/19/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN, JAMES GRAHAM  
1858 LARETTE DRIVE  
APT A  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Chairman, Dr. ☐ DELETE

NAME Donovan Hall

STREET ADDRESS

CITY-ST-ZIP

TITLE Co-Chairman, Mr. ☐ DELETE

NAME Frank Matthews

STREET ADDRESS

CITY-ST-ZIP

TITLE Treasurer Mrs. ☐ DELETE

NAME Jean M. Savage

STREET ADDRESS 11061 Tung Grove Rd.

CITY-ST-ZIP Tallahassee, FL 32311

TITLE Commissioner ☐ DELETE

NAME Charles E. Billings

STREET ADDRESS 300 S. Adam St.

CITY-ST-ZIP Tallahassee, FL 32301-1731

TITLE Dr. ☐ DELETE

NAME David H. Coursey

STREET ADDRESS FSU 636 Ballman

CITY-ST-ZIP Tallahassee, FL 32306-2032

TITLE Representative, Mr. ☐ DELETE

NAME Curt Levine

STREET ADDRESS Suite 215, 5177 Wlades Road

CITY-ST-ZIP Boca Raton, FL 33434

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Representative, Mr.

Alex Diaz de la Portilla

Suite 3016 1405 S.W. 107th Ave.

Miami, FL 33174-2520

Representative, Mrs.

Nancy Arguiziano

6216 E. Corporate Oaks Drive

Crystal River, FL 34429

Representative, Mrs.

Cynthia Moore Chestnut

Suite 108 101 S.E. Second Place

Gainesville, FL 32601-4591

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED: Chapman II 04/29/99 850-219-1294

CR2E037 (11/98)