## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004931

FILED Mar 25, 2005 Secretary of State

Entity Name: GET OUT THE VOTE FOUNDATION, INC.

	- illicipal Flace	e of Business:	New Principa	i Flace of Busilless.	
	OLLEGE AVE. SSEE, FL 323	01			
Current Mailing Address:			New Mailing	New Mailing Address:	
	OLLEGE AVE. SSEE, FL 323	01			
FEI Numbe	r: 59-3592969	FEI Number Applied For()	FEI Number Not Applicat	ole ( ) Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and Ad	dress of New Registered Agent:	
310 W. Co	', RONALD A OLLEGE AVE. ISSEE, FL 323	01 US			
	e named entity te of Florida.	submits this statement for the	purpose of changing its r	egistered office or registered agent, or both,	
SIGNATU	IRE:				
	Electror	nic Signature of Registered Ag	jent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CLEM, KAY 1840 25TH STE	) Delete REET., STE N-109 FL 32960	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (	) Delete	Title:	( ) 51 ( ) 5 1 177	
Address:	GILL, SUSAN 120 N. APOPK INVERNESS, F		Name: Address: City-St-Zip:	()Change ()Addition	
Address: City-St-Zip: Title: Name: Address:	120 N. APOPK, INVERNESS, F D ( KIRKMAN, BAR 14715 S. ORAR	:L 34450 ) Delete RBARA	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	120 N. APOPK, INVERNESS, F  D (KIRKMAN, BAF 14715 S. ORAF GREEN COVE  D (LEPORE, THEI 301 N. OLIVE A	EL 34450 ) Delete RBARA NGE AVE. SPRINGS, FL 32043 ) Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Divame: Divame: Address:		
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	120 N. APOPK, INVERNESS, F  D (KIRKMAN, BAF 14715 S. ORAF GREEN COVE  D (LEPORE, THEI 301 N. OLIVE A WEST PALM B  D (VAUGHAN, TEF 925-C N. TEMF	EL 34450  ) Delete RBARA NGE AVE. SPRINGS, FL 32043  ) Delete RESA AVE., ROOM 105 EACH, FL 33401  ) Delete RRY PLE AVE.	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Divame: Divame: Address:	( ) Change ( ) Addition  (X) Change ( ) Addition  ENT, KATHY 11 S. WASHINGTON BLVD.	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILL COWLES D 03/25/2005