

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004773

**FILED**  
**Jan 29, 2018**  
**Secretary of State**  
**CC8286520774**

**Entity Name:** FLORIDA VOTERS FOUNDATION, INC.

**Current Principal Place of Business:**

945 ALFONSO AVENUE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

945 ALFONSO AVENUE  
CORAL GABLES, FL 33146 US

**FEI Number:** 26-3542428

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JACOBS, DAVID  
6401 SW 87TH AVENUE  
SUITE 204  
MIAMI, FL 33173 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MCCREA, DAN  
Address 945 ALFONSO AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title VD  
Name HAENGEL, PAM  
Address 945 ALFONSO AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title TD  
Name JACOBS, DAVID  
Address 6401 SW 87TH AVENUE #204  
City-State-Zip: MIAMI FL 33173

Title SD  
Name FLETCHER, LISA  
Address 945 ALFONSO AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name LINDA, KAPLAN  
Address 945 ALFONSO AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name LARRY, SHERRY  
Address 945 ALFONSO AVENUE  
City-State-Zip: CORAL GABLES FL 33146

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAN MCCREA

**PRESIDENT**

**01/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date