Print

Please return to: Florida Department of State
Division of Elections
R.A. Gray Building
500 S. Bronough Street
Tallahassee, Florida 32399-0250

Office Use Only

ID No. Assigned: _____

Note: This form becomes a public record upon its filing.

THIRD-PARTY VOTER REGISTRATION ORGANIZATION REGISTRATION FORM

Check applicable box: ☐ Original Registration ☐ Update to Registration ☐ Withdrawal of Registration

1. Third Party Voter Registration Organization (name)**:**	Phone:
Physical Address (P.O. Box not permitted)	_____ (street address, city, county, state, zip code)
Mailing Address: (if different from above)	_____ (street or PO Box address, city, county, state, zip code)
2. Registered Agent in State of Florida (name):	Phone:
Address: (P.O. Box not permitted)	_____ (street address, city, county, state, zip code)

3. Indicate the counties in which the third-party voter registration organization will operate:

☐ All counties;
☐ Specific counties of: _____

_____

_____

4. Individuals responsible for the day-to-day operations of the third-party voter registration organization, including, if applicable, the board of directors, president, vice-president, managing partner, or other such persons engaged in similar duties or functions: [attach additional pages, if necessary]

Name	Title	Address

_____ _____ _____

Name and Title of Person Completing Form **Signature** **Date**