

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13429

Entity Name: LEAGUE OF WOMEN VOTERS OF COLLIER COUNTY
EDUCATION FUND, INC.**FILED**
Feb 08, 2024
Secretary of State
5790814110CC**Current Principal Place of Business:**BOX 9883
NAPLES, FL 34101**Current Mailing Address:**P.O. BOX 9883
NAPLES, FL 34101 US**FEI Number: 59-2659558****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCLAUGHLIN, DENISE
BOX 9883
NAPLES, FL 34101 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: DENISE MCLAUGHLIN****02/08/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name MOORE, DIANE
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101**Title** TREASURER
Name MCLAUGHLIN, DENISE
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101**Title** SECRETARY
Name SCHERZINGER, LINDA
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101**Title** DIRECTOR
Name PLUMMER, PATRICIA
Address P O BOX 9883
City-State-Zip: NAPLES FL 34101**Title** DIRECTOR
Name BRAMSON, LIBBIE
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101**Title** DIRECTOR
Name SCHWARTZ, BETTY
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101**Title** DIRECTOR
Name WILLIAMS, DEBORAH
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101**Title** VP
Name PEZZULLO, SUSAN
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101**Continues on page 2**

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: DENISE MCLAUGHLIN**TREASURER****02/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOFFMAN, JANET
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101

Title DIRECTOR
Name PALMESE, TINA
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101

Title DIRECTOR
Name REIDEL, WENDY
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101

Title DIRECTOR
Name HUSKEJOANNE, JOANNE
Address BOX 9883
City-State-Zip: NAPLES FL 34101

Title DIRECTOR
Name KARDON, PAUL DR.
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101

Title DIRECTOR
Name GOLDEN, SUSAN
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101

Title DIRECTOR
Name VAN DAMME, LISBETH
Address P.O. BOX 9883
City-State-Zip: NAPLES FL 34101

Title ASSISTANT TREASURER
Name HANNAN, ELLEN
Address BOX 9883
City-State-Zip: NAPLES FL 34101