

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

06-12-2008 90001 045 \*\*\*\*61.25

**DOCUMENT # N00145**

1. Entity Name

**THE LEAGUE OF WOMEN VOTERS OF SARASOTA  
COUNTY, INC.**



Principal Place of Business

6120 S LOCKWOOD RIDGE RD  
SARASOTA FL 34231  
US

Mailing Address

6120 S LOCKWOOD RIDGE RD  
SARASOTA FL 34231  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6178223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUEST, CYNTHIA  
2722 ORCHID OAKS DR.  
SARASOTA FL 34239

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME GUEST, CYNTHIA  
STREET ADDRESS 2722 ORCHID OAKS DR.  
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HARDY, ANN  
STREET ADDRESS 4961 LEATHER LANE  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME PEZZATI, CORINNE  
STREET ADDRESS 2979 DICK WILSON DRIVE  
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME BOYLE, MARILYN  
STREET ADDRESS 575 COMMONWEALTH PLACE  
CITY-ST-ZIP SARASOTA FL 34242

TITLE T ☐ Change ☒ Addition  
NAME Barbara Bain  
STREET ADDRESS 5410 Country Lakes Blvd.  
CITY-ST-ZIP Sarasota, FL 34243

TITLE 2VP ☐ Delete  
NAME MICIAN, MICHELE  
STREET ADDRESS 5207 DAVID AVENUE  
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia S. Guest

6/7/08