2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N07000010839

Entity Name: LEAGUE OF WOMEN VOTERS OF ORANGE COUNTY, INC.

Current Principal Place of Business:

1860 SUMMERLAND AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1860 SUMMERLAND AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-6178316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMASEK, SUSAN
249 LINCOLNSHIRE ROAD
WINTER PARK, FL 327924339 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MACNAB, DEIRDRE	
Address:	1860 SUMMERLAND AVE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	VP	( ) Delete
Name:	EMMONS-SCHRAMM, CAROLINE	
Address:	1541 HIGHLAND ROAD	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	S	( ) Delete
Name:	CARPENTER, PHOEBE	
Address:	2022 COUNTRYSIDE CIRCLE NORTH	
City-St-Zip:	ORLANDO, FL 32804	
Title:	T	( ) Delete
Name:	SIMASEK, SUSAN	
Address:	249 LINCOLNSHIRE ROAD	
City-St-Zip:	WINTER PARK, FL 327924339	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUSAN SIMASEK T 04/23/2008

Electronic Signature of Signing Officer or Director — Date