

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001310

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** LEAGUE OF WOMEN VOTERS OF CHARLOTTE COUNTY, FLORIDA INC.

**Current Principal Place of Business:**

85 VIVANTE BLVD SUITE 8546  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

85 VIVANTE BLVD SUITE 8546  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 59-6178301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NELSON, STEVE  
85 VIVANTE BLVD UNIT 8546  
PUNTA GORDA, FL 33950 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:** MS  
**Name:** JENKINS, TERESA M  
**Address:** 85 VIVANTE BLVD UNITE 8546  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** MR  
**Name:** NELSON, STEVE  
**Address:** 85 VIVANTE BLVD UNIT 8546  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** S  
**Name:** TEMPLE, CHERYL  
**Address:** 90 VIVENTA BLVD UNIT 9023  
**City-St-Zip:** PUNTA GORDA, FL 33950

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:** TERESA M. JENKINS

MS.

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date