

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764835

FILED
Apr 24, 2021
Secretary of State
7313766432CC**Entity Name:** THE LEAGUE OF WOMEN VOTERS OF BROWARD COUNTY, INC.**Current Principal Place of Business:**800 SE 3RD AVENUE
300
FT LAUDERDALE, FL 33316**Current Mailing Address:**PO BOX 15952
PLANTATION, FL 33318-5952 US**FEI Number: 59-6178303****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REINHARDT, GLORIA A
5130 NW 82 TERRACE
CORAL SPRINGS, FL 33067 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: GLORIA REINHARDT****04/24/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ELLIOTT, MONICA
Address	PO BOX 15952
City-State-Zip:	PLANTATION FL 33318-5952

Title	TREASURER
Name	REINHARDT, GLORIA
Address	PO BOX 15952
City-State-Zip:	PLANTATION FL 33318-5952

Title	SECRETARY
Name	GARVER, ELAYNE
Address	PO BOX 15952
City-State-Zip:	PLANTATION FL 33318-5952

Title	DIRECTOR
Name	DAVIS, DEBORAH
Address	P.O. BOX 15952
City-State-Zip:	PLANTATION FL 33318-5952

Title	DIRECTOR
Name	PEARSON, STEPHANIE
Address	PO BOX 15952
City-State-Zip:	PLANTATION FL 33318-5952

Title	VP
Name	JOHNSON, ALEXANDER
Address	P.O. BOX 15952
City-State-Zip:	PLANTATION FL 33318-5952

Title	DIRECTOR
Name	ELLIOTT, DENISE
Address	PO BOX 15952
City-State-Zip:	PLANTATION FL 33318-5952

Title	DIRECTOR
Name	MARKLEY, BARBARA
Address	PO BOX 15952
City-State-Zip:	PLANTATION FL 33318-5952

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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: GLORIA REINHARDT**TREASURER****04/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SLEEPER, ANDREA
Address PO BOX 15952
City-State-Zip: PLANTATION FL 33318-5952

Title DIRECTOR
Name THOMAS, PEGGY
Address PO BOX 15952
City-State-Zip: PLANTATION FL 33318-5952

Title DIRECTOR
Name THIGPEN, LINDA
Address PO BOX 15952
City-State-Zip: PLANTATION FL 33318-5952