

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 764835

**Entity Name:** THE LEAGUE OF WOMEN VOTERS OF BROWARD COUNTY,  
INC.

**Current Principal Place of Business:**

5101 NW 21ST AVE  
SUITE 450  
FT LAUDERDALE, FL 33309

**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:**

LAMBERTUS, CHRISTINE  
2929 EAST COMMERCIAL BLVD  
#604  
FT LAUDERDALE, FL 33308 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

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

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

Title            DIRECTOR  
Name            KOSZORU, JANE  
Address        81 SE 11TH ST.  
City-State-Zip: POMPANO BEACH FL 33060

Title            VP  
Name            REVICKY, BERNADETTE  
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            GELIN, SHAHEEWA  
Address        1501 ABBEY RD.  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            MEYERS, DONNA  
Address        11753 NW 28TH ST.  
City-State-Zip: CORAL SPRINGS FL 33065

**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:** JOHN KENT

**PAST TREASURER**

**06/04/2014**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                 SIMON, LAURA  
Address               16784 NW 15TH ST.  
City-State-Zip:   PEMBROKE PINES FL 33028

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

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