**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 19, 2015**
**Secretary of State**
**CC1900279981**

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:** Yes

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

KENT, JOHN N
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: JOHN N KENT 03/19/2015

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

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

| | |
|---|---|
| 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 N KENT TREASURER 03/19/2015

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 |