

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764836

Entity Name: LEAGUE OF WOMEN VOTERS OF SEMINOLE COUNTY, INC.**Current Principal Place of Business:**313 OAKLEAF CIRCLE
LAKE MARY, FL 32746**Current Mailing Address:**P O BOX 160394
ALTAMONTE SPRINGS, FL 32716**FEI Number:** 59-6178313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELLIOTT, BRIDGET ELLEN
489 SUN LAKE CIRCLE
#309
LAKE MARY, FL 32746 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:** BRIDGET E ELLIOTT

03/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WRIGHT, GERALDINE
Address 313 OAKLEAF CIRCLE
City-State-Zip: LAKE MARY FL 32746

Title SEC
Name THOMA, ANNA
Address 924 WOODCREST WAY
City-State-Zip: OVIEDO FL 32765

Title TREASURER
Name ELLIOTT, BRIDGET ELLEN
Address 489 SUN LAKE CIRCLE
 #309
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name WIX, DIANA
Address 111 GLEASON COVE
City-State-Zip: SANFORD FL 32773

Title VP
Name SWERDLOW, CATHY
Address 115 E WYNDHAM COURT
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name LYNN, SHARON
Address 1008 E. PEBBLE BEACH CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name KELLCUT, SUSAN
Address 1414 BORG LANE
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name GRAYSON, LAVONNE
Address 5001 HAWKS HAMMOCK WAY
City-State-Zip: SANFORD FL 32771

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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: BRIDGET ELLEN ELLIOTT**TREASURER**

03/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RICHEY, REBEKAH
Address 600 CRANES WAY
 #105
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name SOUTHWARD, PAT
Address PO BOX 950730
City-State-Zip: LAKE MARY FL 32795