#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 764836** 

Entity Name: LEAGUE OF WOMEN VOTERS OF SEMINOLE COUNTY, INC.

FILED
May 03, 2016
Secretary of State
CC1124272273

# **Current Principal Place of Business:**

5001 HAWKS HAMMOCK WAY SANFORD, FL 32771

# **Current Mailing Address:**

P O BOX 160394

ALTAMONTE SPRINGS. FL 32716

FEI Number: 59-2308523 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

MONTGOMERY, JILL 435 NORTHLAKE BLVD 1058

ALTAMONTE SPRINGS, FL 32701 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 PRES Title VPRE

Name GRAYSON, LAVONNE Name LADAN, ZELDA

Address 5001 HAWKS HAMMOCK WAY Address 4653 TIFFANY WOODS CIRCLE

City-State-Zip: SANFORD FL 32771 City-State-Zip: OVIEDO FL 32765

Title SEC Title TREA

NameMURPHREY, ELIZABETHNameMONTGOMERY, JILLAddress424 WINDMEADOWS STAddress435 NORTHLAKE BLVD

City-State-Zip: ALTAMONTE SPRINGS FL 32701 City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title D Title D

Name BRADLEY, JOAN Name LYNN, SHARON

Address 1030 E PEBBLE BEACH CIR Address 1008 E PEBBLE BEACH CIR
City-State-Zip: WINTER SPRINGS FL 32708
City-State-Zip: WINTER SPRINGS FL 32708

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: LAVONNE GRAYSON

**PRESIDENT** 

05/03/2016