

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764836

**Entity Name:** LEAGUE OF WOMEN VOTERS OF SEMINOLE COUNTY, INC.**Current Principal Place of Business:**115 E WYNDHAM COURT  
LONGWOOD, FL 32779**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

03/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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            MURPHEY, KATIE  
Address        1031 TIMBER LANE  
City-State-Zip: ORANGE CITY FL 32763

Title            FIRST VICE PRESIDENT  
Name            SCHULZ, VALERIE  
Address        1800 CROWLEY CIRCLE  
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            MURPHREY, ELIZABETH  
Address        424 WINDMEADOWS STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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

**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:** BRIDGET ELLEN ELLIOTT

TREASURER

03/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                       |
|-----------------|-----------------------|
| Title           | SECOND VICE PRESIDENT |
| Name            | FENSTER, LYNN         |
| Address         | 463 LONGMEADOW LANE   |
| City-State-Zip: | LONGWOOD FL 32779     |