

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764836

Entity Name: LEAGUE OF WOMEN VOTERS OF SEMINOLE COUNTY, INC.**Current Principal Place of Business:**4653 TIFFANY WOODS CIR
OVIEDO, FL 32765**Current Mailing Address:**P O BOX 160394
ALTAMONTE SPRINGS, FL 32716**FEI Number: 59-2308523****Certificate of Status Desired: No****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	PRESIDENT
Name	LADAN, ZELDA
Address	4653 TIFFANY WOODS CIRCLE
City-State-Zip:	OVIEDO FL 32765

Title	SEC
Name	EASTBURN, PAMELA
Address	1953 KING ARTHUR'S COURT
City-State-Zip:	WINTER PARK FL 32792

Title	TREA
Name	MORTON, KATHLEEN
Address	P.O. BOX 941085
City-State-Zip:	MAITLAND FL 32794

Title	D
Name	BRADLEY, JOAN
Address	1030 E PEBBLE BEACH CIR
City-State-Zip:	WINTER SPRINGS FL 32708

Title	VP
Name	LYNN, SHARON
Address	1008 E PEBBLE BEACH CIR
City-State-Zip:	WINTER SPRINGS FL 32708

Title	VP
Name	HAYNES, BETTY
Address	5028 HAWKS HAMMOCK WAY
City-State-Zip:	SANFORD FL 32771

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: KATHLEEN MORTON**TREASURER****01/22/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date