

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90088 004 ****61.25

DOCUMENT # N14790

1. Entity Name
LEAGUE OF WOMEN VOTERS OF THE ST.
PETERSBURG AREA, INC.



Principal Place of Business
330 FIFTH ST N
ST. PETERSBURG, FL 33701

Mailing Address
P.O. BOX 11775
ST PETERSBURG, FL 33733 US

4002000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03282007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-6178222

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEADOR, VIRGINIA P.
2624 - 29TH STREET NORTH
ST. PETERSBURG, FL 33713

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME RISKIN, VOLLIE D
STREET ADDRESS 4725 COVE CIRCLE #10
CITY-ST-ZIP ST. PETERSBURG, FL 33708

TITLE VP ☐ Change ☒ Addition
NAME BERGLUND, MARY
STREET ADDRESS 175-56th AVE. SO.
CITY-ST-ZIP ST. PETE, FL 33705

TITLE S ☐ Delete
NAME BEDFORD, JUNE
STREET ADDRESS 9767 SAGO POINT DRIVE
CITY-ST-ZIP LARGO, FL 33777

TITLE VP ☐ Change ☒ Addition
NAME MC GEEHAN
STREET ADDRESS 3098 ROBERTA ST.
CITY-ST-ZIP LARGO, FL 33771-1320

TITLE ~~President~~ ☐ Delete
NAME REINHARDT, NORMA
STREET ADDRESS 17980 AUQA BLVD #105
CITY-ST-ZIP SAINT PETERSBURG, FL 33708

TITLE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME WRIGHT, EVELYN
STREET ADDRESS 202 - 10TH AVENUE NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE D ☐ Change ☒ Addition
NAME RICE, DARDEN
STREET ADDRESS 110-18th AVE. SO.
CITY-ST-ZIP ST. PETE, FL 33705

TITLE T ☐ Delete
NAME MEADOR, VIRGINIA P.
STREET ADDRESS 2624-29TH ST. NO.
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE D ☐ Change ☒ Addition
NAME RICHARDSON, PAT
STREET ADDRESS 1912 BONITA WAY SO.
CITY-ST-ZIP ST. PETE, FL 33712-4214

TITLE P ☒ Delete
NAME BURNS, KAREN
STREET ADDRESS 1102 - 64TH STREET SOUTH
CITY-ST-ZIP GULFPORT, FL 33707

TITLE D ☐ Change ☒ Addition
NAME SHREWSBURY, JOANNE
STREET ADDRESS 9731-62nd AVE. NO.
CITY-ST-ZIP ST. PETE, FL 33708-3574

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: *[Signature]* Treasurer

3-29-07 727 522-8500, EXT 1