

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1990



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N15747 (1)

1. Corporation Name

LEAGUE OF WOMEN VOTERS OF NORTH PINELLAS COUNTY,  
INC.

Principal Place of Business

PO BOX 6725  
CLEARWATER FL 34618  
US

Mailing Address

PO BOX 6725  
CLEARWATER FL 34618  
US



3. Date Incorporated or Qualified  
07/08/1986

3a. Date of Last Report  
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, MARY ANN  
1200 VIRGINIA AVE  
PALM HARBOR FL 34683

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME SMITH, MARY ANN  
STREET ADDRESS 1200 VIRGINIA AVE  
CITY-ST-ZIP PALM HARBOR FL

11 TITLE Co-P ☐ Change ☒ Addition  
12 NAME Elizabeth Mannion  
13 STREET ADDRESS 887 Gulfview Blvd.  
14 CITY-ST-ZIP Clearwater, FL 34630

TITLE VP ☐ DELETE  
NAME HEVERAN, MARGARET  
STREET ADDRESS 3241 BUCKHORN DR  
CITY-ST-ZIP CLEARWATER FL

21 TITLE Co-P ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME CRIDLAND, MARGERY  
STREET ADDRESS PO BOX 744, 330 PENNSYLVANIA AVE  
CITY-ST-ZIP OZONA FL

31 TITLE ☐ Change ☐ Addition  
32 NAME 700001856557  
33 STREET ADDRESS -06/10/96--01012--036  
34 CITY-ST-ZIP \*\*\*61.25

TITLE D ☒ DELETE  
NAME PEARSON, MARGARET  
STREET ADDRESS 2044 DIPLOMAT DR  
CITY-ST-ZIP CLEARWATER FL

41 TITLE ☐ Change ☒ Addition  
42 NAME Mary Osterbrock  
43 STREET ADDRESS 2690 Coral Landings Blvd., #318  
44 CITY-ST-ZIP Palm Harbor, FL 34684

TITLE D ☐ DELETE  
NAME MATTHEWS, ALDEN  
STREET ADDRESS 228 WESTWINDS DR W  
CITY-ST-ZIP PALM HARBOR FL

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME MANNION, ELIZABETH  
STREET ADDRESS 887 GULFVIEW BLVD  
CITY-ST-ZIP CLEARWATER FL

61 TITLE ☐ Change ☒ Addition  
62 NAME Sandra Teeters  
63 STREET ADDRESS 2143 Salisbury Ct.  
64 CITY-ST-ZIP Palm Harbor, FL 34683

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Ann Smith (Mary Ann Smith) 4.17.96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

813 734 0517

CR2E037 (12/95)