


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 01 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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 <b>PO BOX 6725 CLEARWATER FL 34618 US</b>	Mailing Address <b>PO BOX 6725 CLEARWATER FL 34618-6725 US</b>
--	---



3. Date Incorporated or Qualified <b>07/08/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2875134</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNION, ELIZABETH</b>	1.2 NAME	
STREET ADDRESS	<b>887 GULFVIEW BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34630</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEVERAN, MARGARET</b>	2.2 NAME	
STREET ADDRESS	<b>3241 BUCKHORN DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VP AND D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIDLAND, MARGERY</b>	3.2 NAME	<b>GERT AZARVA</b>
STREET ADDRESS	<b>PO BOX 744, 330 PENNSYLVANIA AVE</b>	3.3 STREET ADDRESS	<b>2035 ARBOR LANE</b>
CITY-ST-ZIP	<b>OZONA FL</b>	3.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34623</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSTERBROOK, MARY</b>	4.2 NAME	
STREET ADDRESS	<b>2690 CORAL LANDINGS BLVD, #318</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34638</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTHEWS, ALDEN</b>	5.2 NAME	
STREET ADDRESS	<b>226 WESTWINDS DR W</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>SEC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEETERS, SANDRA</b>	6.2 NAME	<b>EILEEN BELCHER</b>
STREET ADDRESS	<b>2143 SALISBURY CT</b>	6.3 STREET ADDRESS	<b>975 BAYSHORE BLVD., N.</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	6.4 CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695-3201</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **ELIZABETH R. MANNION**  
 REGISTERED AGENT REQUIRED

CR2E037 (9/96)