


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15747** (1)

1. Corporation Name

LEAGUE OF WOMEN VOTERS OF NORTH PINELLAS COUNTY, INC.

Principal Place of Business

Mailing Address

PO BOX 6725
CLEARWATER FL 34618
US

PO BOX 6725
CLEARWATER FL 34618
US

3. Date Incorporated or Qualified

07/08/1986

4. FEI Number

59-2875134

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	33758	29	33758
25	Country	30	Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ 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
ELIZABETH R. MANNION
82 Street Address (P.O. Box Number is Not Acceptable)
1150 CLEVELAND STREET
83
SUITE 300
84 City
CLEARWATER

85 Zip Code
FL 33755

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 *Elizabeth R. Mannion*

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

(NOTE: Registered Agent signature required when reinstating)

5/11/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MANNION, ELIZABETH	
STREET ADDRESS	887 GULFVIEW BLVD	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MEVERAN, MARGARET	
STREET ADDRESS	3241 BUCKHORN DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	AZARMA, GERT	
STREET ADDRESS	2035 ARBOR LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OSTERBROOK, MARY	
STREET ADDRESS	2690 CORAL LANDINGS BLVD, #318	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTHEWS, ALDEN	
STREET ADDRESS	226 WESTWINDS DR W	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BELCHER, EILEEN	
STREET ADDRESS	975 BAYSHORE BLVD N	
CITY-ST-ZIP	SAFETY HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33767
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARY OSTERBROCK
2.3 STREET ADDRESS	1951 SANDPIPER DRIVE
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33763
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARILEE FRIEDMAN
4.3 STREET ADDRESS	10612 ANDREW LANE
4.4 CITY-ST-ZIP	LARGO, FL 33777
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TREASURER ALDEN E. MATTHEWS
5.3 STREET ADDRESS	1334 MICHIGAN AVE
5.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	34695

14. I 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*

5/11/98 (813) 461-6100

CR2E037 (1097)