

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90010 031 \*\*\*\*61.25

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DOCUMENT # N15747

1. Corporation Name

LEAGUE OF WOMEN VOTERS OF NORTH PINELLAS COUNTY,  
INC.

Principal Place of Business

PO BOX 6725  
CLEARWATER FL 33758  
US

Mailing Address

PO BOX 6725  
CLEARWATER FL 33758  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/08/1986

4. FEI Number

59-2875134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MANNION, ELIZABETH R  
1150 CLEVELAND ST  
STE 300  
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name

Mary K. Osterbrock

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

1951 Sandpiper Drive

83

84 City

Palm Harbor

FL

85 Zip Code

34683

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

Mary K. Osterbrock  
(NOTE: Registered Agent signature required when reinstating)

3/27/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	MANNION, ELIZABETH	887 GULFVIEW BLVD	CLEARWATER FL 33767	<input checked="" type="checkbox"/>
P	OSTERBROCK, MARY	1951 SANDPIPER DR	PALM HARBOR FL 34683	<input type="checkbox"/>
VPD	AZARUA, GERT	2035 ARBOR LANE	CLEARWATER FL 33763	<input type="checkbox"/>
D	FRIEDMAN, MARILEE	10612 ANDREW LANE	LARGO FL 33777	<input type="checkbox"/>
T	MATTHEWS, ALDEN E	1334 MICHIGAN AVENUE	PALM HARBOR FL	<input type="checkbox"/>
S	BELCHER, EILEEN	975 BAYSHORE BLVD N	SAFETY HARBOR FL 34695	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Secretary  
615 THOMAS  
4900 MacAlpin Drive South  
Palm Harbor, FL 34684

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, with all other like empowered.

SIGNATURE: ALDEN E. MATTHEWS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99 (727) 781-4153  
Date Daytime Phone #

CR2F037-11198