2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005
Secretary of State

DOCUMENT# N15747

Entity Name: LEAGUE OF WOMEN VOTERS OF NORTH PINELLAS COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 6833
CLEARWATER, FL 33758 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6833
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-2875134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILIOTTI, DIANNE W
2842 COUNTRY WOODS LANE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GILIOTTI, DIANNE W
Address: 2842 COUNTRY WOODS LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: V ( ) Delete
Name: AZARA, GERTRUDE
Address: 2035 ARBOR LANE
City-St-Zip: CLEARWATER, FL 33763

Title: VPD ( ) Delete
Name: GARVEY, RITA G
Address: 1550 RIDGEWOOD ST
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete
Name: SCHILLMOLLER, VERENA L
Address: 1660 GULF BLVD, #1601
City-St-Zip: CLEARWATER, FL 33767

Title: T ( ) Delete
Name: BUDLONG, PATRICIA P
Address: 595 SANDY HOOK RD
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE W GILIOTTI P 03/05/2005

Electronic Signature of Signing Officer or Director — Date