

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15747

FILED  
Apr 26, 2008  
Secretary of State

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

**Current Principal Place of Business:**

624 ORANGE ST.  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

1657 LAKE AVE S #1  
CLEARWATER, FL 33756 US

**Current Mailing Address:**

P.O. BOX 6833  
CLEARWATER, FL 33758 US

**New Mailing Address:**

**FEI Number:** 59-6178304      **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: LAW, FAY  
Address: 624 ORANGE ST.  
City-St-Zip: PALM HARBOR, FL 34683

Title: S ( ) Delete  
Name: CLEARY, LOUISE  
Address: 300 E. BAY DR.  
City-St-Zip: LARGO, FL 33770

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

Title: D (X) Delete  
Name: MC SWINE, JUDITH  
Address: 602 LIME AVE #102  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FOLWELL, MARTHA  
Address: 1657 LAKE AVE S #1  
City-St-Zip: CLEARWATER, FL 33756

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

Title: T (X) Change ( ) Addition  
Name: JONSON, WILLIAM  
Address: 2694 REDFORD CT W  
City-St-Zip: CLEARWATER, FL 33761

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM JONSON

T

04/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date