

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90005 047 ****70.00

DOCUMENT #N23669

1. Entity Name
**LEAGUE OF WOMEN VOTERS OF THE PENSACOLA BAY
AREA, INC.**



Principal Place of Business
**DELORGE, JANET
486 CITATION DR
CANTONMENT, FL 32533-503 US**

Mailing Address
**LEAGUE OF WOMEN VOTERS OF PENSACOLA BAY
P.O. BOX 2023
PENSACOLA, FL 32513 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-6178309

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAIRCLOTH, VIVIAN J.
126 W. JACKSON STREET
PENSACOLA, FL 32501**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ENFINGER, BETTY	
STREET ADDRESS	3580 WIMBLEDON DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	Asst Treasurer	<input type="checkbox"/> Delete
NAME	METZGER, SUSAN T	
STREET ADDRESS	4148 SOUNDPOINTE DR	
CITY-ST-ZIP	GULF BREEZE, FL 325613550	
TITLE	1 VP	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, JACQUELINE	
STREET ADDRESS	131 CALLE DE SANTIAGO	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	2 VP	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, CAROLANN	
STREET ADDRESS	9743 CREEK BRIDGE CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	T	<input type="checkbox"/> Delete
NAME	CIMMA, PETER	
STREET ADDRESS	3665 BRIGHTWOOD LANE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, SHARON	
STREET ADDRESS	4305 BRITTANY COURT	
CITY-ST-ZIP	PENSACOLA, FL 32504	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Co-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Gutierrez	
STREET ADDRESS	3393 Two Sisters Way	
CITY-ST-ZIP	Pensacola, FL 32505	
TITLE	Co-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vivian Faircloth	
STREET ADDRESS	126 W Jackson Street	
CITY-ST-ZIP	Pensacola FL 32501	
TITLE	VP-1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karyn Norton	
STREET ADDRESS	1200 N. 14th Ave	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Ass. T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sonia Long	
STREET ADDRESS	25 W Cedar St, Ste 530	
CITY-ST-ZIP	Pensacola, FL 32502	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bette Bodd	
STREET ADDRESS	3600 Riverwoods Lane	
CITY-ST-ZIP	Pensacola, FL 32514	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sonia S Long, Asst Treasurer

3-7-06 850 432 7077