### **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

### N93000003500 (6) **DOCUMENT** # 1. Corporation Name

WEST PINELLAS NATIONAL ORGANIZATION FOR WOMEN, I NC.

Principal Place of Business
Principal Place of Business  9209 SEMINOLE BOULEVARD

Mailing Address

P.O. BOX 1791

# **FILED** Feb 28 1997 8:00am Secretary of State



UNIT 177		LARGO FL 33779-1791		1			
SEMINOLE FL 34642 US				3. Date Incorporated or Qualified 07/30/1993	3a. Date of Last Report 05/01/1996		
21 14125	ace of Business Yacht Club Blvd.		treet SW	4. FEI Number 59-3200071	Applied For Not Applicable		
Suite, Apl.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State 23 Semino	ole, FL	City & State  28 Largo, FL	· d · ita	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 33776-	Country -1211 25 U.S.A.	Zip 29 33770-4361 30	Country U.S.A.	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes X No		
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
81 Name							
VAN PEL			Address (P.O. Box Number is Not Acceptable	le)			
SEMINOL	REEDOM CT LE FL <del>34042</del> 33772-3019		<del></del>				
			84 City		FL 85 Zip Code		
11 Purcuent t	At Discount to the experiment of Sections 517 0500 and 517 1500 Floride Statutes, the about period correction as horizontal for the purpose of changing its registered.						
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature		DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	<b>▼</b> DELETE	1.1 TETLE	P/D	Change X Addition		
NAME	weeks, Sandra L	1	1.2 NAME	Jochum, Janice			
STREET ADDRESS	9209 SEMINOLE BOULEVARD	#177	1.3 STREET ADDRESS	14125 Yacht Club Blvd.			
CITY-ST-ZIP	SEMINOLE FL 34642		1.4 CITY - ST - ZIP	Seminole, FL 33776-12	11		
TITLE	PD	<b>X</b> DELETE	2.1 TITLE	V/D	Change X Addition		
NAME	MOORE, KÄY		2.2 NAME	Maas, Eleanor			
STREET ADDRESS	450 78TH AVE		2.3 STREET ADDRESS	12234 Mallory Drive	Ì		
CITY-ST-ZIP	ST PETERSBURG FL 33706		2. 4 CiTY-ST-ZIP	Largo, FL 33774			
TITLE	SD	X DELETE	3.1 TITLE	\$7 <b>\</b> 70	Change X Addition		
NAME {	BACON, MONNA		3.2 NAME	Rudd, Terry	•		
STREET ADDRESS	800 HIGHLAND AVENUE SOUT	ዝ 📑	3.3 STREET ADDRESS	2563 14th Avenue SW			
CITY - ST - ZIP	LARGO FL 34640		3.4. CITY-ST-ZIP	Largo, FL 33770-4361			
TITLE	TD	X DELETE	4.1 TITLE	D	Change 🔀 Addition		
NAME	RUDD, TERRY		4. 2 NAME	Bacon, Monna			
STREET ADDRESS	2563 14TH AVENUE SW		4.3 STREET ADDRESS	800 Highland Avenue So	uth		
CITY-ST-ZIP	LARGO FL 34640		4.4 CITY-SY-ZIP	Largo, FL 33770			
TITLE	D	DELETE	5.1 TITLE	D	Change Addition		
NAME	PELT, TONI V		5.2 NAME	Van Pelt, Toni			
STREET ADDRESS	11280 FREEDOM CT		5.3 STREET ADDRESS	11280 Freedom Ct.			
CITY-ST-ZIP	SEMINOLE FL 34642		5.4 CITY - ST - ZIP	Seminole. FL 33772-30	19		
TITLE	D	X DELETE	6.1 TITLE	D	☐ Change 🗶 Addition		
NAME	MAAS, ELEANOR		6.2 NAME	Weeks, Sandra L.	•		
STREET ADDRESS	12234 MALLORY DRIVE		6.3 STREET ADDRESS	9209 Seminole Blvd/Uni	t #177		
CITY-ST-ZIP	LARGO FL 34644		6.4 CITY-ST-ZIP	Largo, FL 33772-3136	- " ' '		
3111 01 111							

14. I do 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:

(813) 584-6827