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Oct 07 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003500 (6)**

1. Corporation Name

**WEST PINELLAS NATIONAL ORGANIZATION FOR WOMEN, INC.**



Principal Place of Business	Mailing Address
14125 YACHT CLUB BLVD SEMINOLE FL 33776-1211 US	2563 14TH ST SW LARGO FL 33770-4361 US

3. Date Incorporated or Qualified	07/30/1993
4. FEI Number	59-3200071
Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 10084 Commodore Dr.
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 Seminole FL
24 Zip	29 33776
25 Country	30 Pinellas

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
VAN PELT, TONI 11280 FREEDOM CT SEMINOLE FL 33772-3019	

10. Name and Address of New Registered Agent	
81 Name	KAY MOORE
82 Street Address (P.O. Box Number is Not Acceptable)	450 78th AVE
83	
84 City	ST. PETE BEACH FL
85 Zip Code	33706

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: KAY MOORE KAY MOORE DATE: 9/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOCHUM, JANICE	1.2 NAME	JOCHUM, JANICE
STREET ADDRESS	14125 YACHT CLUB BLVD	1.3 STREET ADDRESS	14125 YACHT CLUB BLVD
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Seminole, FL 33776-1211
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAAS, ELEANOR	2.2 NAME	MOORE, KAY
STREET ADDRESS	12234 MALLORY DR	2.3 STREET ADDRESS	450 78th AVE
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	St. Pete Beach FL 33706-1712
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDD, TERRY	3.2 NAME	SIMONETTI, SHARON
STREET ADDRESS	2563 14TH AVE SW	3.3 STREET ADDRESS	10084 Commodore Dr
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Seminole, FL 33776
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, MONNA	4.2 NAME	BACON, MONNA
STREET ADDRESS	800 HIGHLAND AVE SOUTH	4.3 STREET ADDRESS	800 HIGHLAND AVE SOUTH
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Largo, FL 33770
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN PELT, TONI	5.2 NAME	
STREET ADDRESS	11280 FREEDOM CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, SANDRA L	6.2 NAME	
STREET ADDRESS	9209 SEMINOLE BLVD UNIT #177	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: [Signature] DATE: 9/28/98 913-890-4170

CR2E037 (10/97)