

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90011 022 \*\*\*\*\*70.00

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Corporation Name

WEST PINELLAS NATIONAL ORGANIZATION FOR WOMEN, INC.

Principal Place of Business  
14125 YACHT CLUB BLVD  
SEMINOLE FL 33776-1211  
US

Mailing Address  
10084 COMMODORE DR  
SEMINOLE FL 33776  
US

614323-90011-22 3 \*



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	26 14125 YACHT CLUB BLVD.	07/30/1993
City & State	27 Suite, Apt. #, etc.	4. FEI Number
Zip	28 SEMINOLE, FL	59-3200071
Country	29 33776-1211	Applied For
25	30 US	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
MOORE, KAY 450 78TH AVE ST PETERSBURG BEACH FL 33706		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	PD JOCHUM, JANICE 14125 YACHT CLUB BLVD SEMINOLE FL 33776-1211	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	VD MOORE, KAY 450 78TH AVE ST PETERSBURG BEACH, FL 33706-1712	1.2 NAME	
E	STD SIMONETTI, SHARON 10084 COMMODORE DR SEMINOLE FL 33776	1.3 STREET ADDRESS	
E	D BACON, MONNA 800 HIGHLAND AVE SOUTH LARGO FL 33770	1.4 CITY-ST-ZIP	
E		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		2.2 NAME	
E		2.3 STREET ADDRESS	
E		2.4 CITY-ST-ZIP	
E		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
E		3.2 NAME	STD SIMONETTI, SHARON
E		3.3 STREET ADDRESS	12800 VONN RD. APT 9601
E		3.4 CITY-ST-ZIP	LARGO, FL 33774
E		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		4.2 NAME	
E		4.3 STREET ADDRESS	
E		4.4 CITY-ST-ZIP	
E		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		5.2 NAME	
E		5.3 STREET ADDRESS	
E		5.4 CITY-ST-ZIP	
E		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E		6.2 NAME	
E		6.3 STREET ADDRESS	
E		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SHARON SIMONETTI R. SHARON J. SIMONETTI 9/6/99 727-537-7019  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #