

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15747

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

**FILED**  
**Mar 27, 2015**  
**Secretary of State**  
**CC1639904427**

**Current Principal Place of Business:**

602 LIME AVE #102  
CLEARWATER, FL 33756

**Current Mailing Address:**

P.O. BOX 6833  
CLEARWATER, FL 33758 US

**FEI Number: 59-6178304**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GILIOTTI, DIANNE W  
2842 COUNTRY WOODS LANE  
PALM HARBOR, FL 34683 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           FOLWELL, MARTHA  
Address       P O BOX 6833  
City-State-Zip: CLEARWATER FL 33758

Title           VP  
Name           MARTIN, TAMSEN  
Address       P O BOX 6833  
City-State-Zip: CLEARWATER FL 33758

Title           PRESIDENT  
Name           SHARPLESS, DONNA  
Address       P.O. BOX 6833  
City-State-Zip: CLEARWATER FL 33758

Title           SECRETARY  
Name           PITCHON, KAY  
Address       P.O. BOX 6833  
City-State-Zip: CLEARWATER FL 33758

I hereby 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 all other like empowered.

**SIGNATURE: MARTHA FOLWELL**

**T**

**03/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date