

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15747

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

**FILED**  
**Apr 14, 2024**  
**Secretary of State**  
**7127996561CC**

**Current Principal Place of Business:**

8362 CANDLEWOOD ROAD  
SEMINOLE, FL 33777

**Current Mailing Address:**

P.O. BOX 7867  
CLEARWATER, FL 33758 US

**FEI Number: 59-6178304**

**Certificate of Status Desired: No**

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

LARSON, GAYLA D  
8362 CANDLEWOOD ROAD  
SEMINOLE, FL 33777 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:** GAYLA D LARSON

**04/14/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name LARSON, GAYLA  
Address 8362 CANDLEWOOD RD  
City-State-Zip: SEMINOLE FL 33777

Title TREASURER  
Name MCDERMOTT, DENNIS  
Address P.O. BOX 7867  
City-State-Zip: CLEARWATER FL 33758

Title P  
Name LANDRY, TANYA  
Address P.O. BOX 7867  
City-State-Zip: CLEARWATER FL 33758

Title VP  
Name FARRELL, JACQUELINE  
Address P.O. BOX 7867  
City-State-Zip: CLEARWATER FL 33758

Title VP  
Name HOVIND, BETH  
Address P.O. BOX 7867  
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:** GAYLA D LARSON

**SECRETARY**

**04/14/2024**

Electronic Signature of Signing Officer/Director Detail

Date