

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15747

**Entity Name:** LEAGUE OF WOMEN VOTERS OF NORTH PINELLAS COUNTY, INC.**FILED**  
**Feb 21, 2021**  
**Secretary of State**  
**9341616098CC****Current Principal Place of Business:**1931 SADDLE HILL RD NORTH  
DUNEDIN, FL 34698**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:**SMITH, SABRINA S TREASURER  
1931 SADDLE HILL RD NORTH  
DUNEDIN, FL 34698 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: SABRINA S SMITH****02/21/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER	Title	2ND VICE PRESIDENT
Name	SMITH, SABRINA S	Name	SMITH, KATHY
Address	P.O. BOX 7867	Address	2232 LARK CIRCLE EAST #D
City-State-Zip:	CLEARWATER FL 33758	City-State-Zip:	PALM HARBOR FL 34684
Title	PRESIDENT	Title	SECRETARY
Name	JONSON, WILLIAM	Name	LARSON, GAYLA
Address	2694 REDFORD COURT WEST	Address	8362 CANDLEWOOD RD
City-State-Zip:	CLEARWATER FL 33761	City-State-Zip:	SEMINOLE FL 33777
Title	1ST VICE PRESIDENT		
Name	OWEN, KAREN JR.		
Address	1702 TALL PINE CIRCLE		
City-State-Zip:	SAFETY HARBOR FL 34695		

*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: SABRINA SMITH****TREASURER****02/21/2021**

Electronic Signature of Signing Officer/Director Detail

Date