

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 722045 (2)
1. Corporation Name
FLORIDA RIGHT TO LIFE, INCORPORATED



Principal Place of Business Mailing Address
3336 EDGEWATER DRIVE ORLANDO FL 32804 **3336 EDGEWATER DRIVE ORLANDO FL 32804**

3. Date Incorporated or Qualified **11/08/1971** 3a. Date of Last Report **03/21/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1610092		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		XX			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAVER, MATHEW D.
1900 SUMMIT TOWER BLVD.
STE. 540
ORLANDO FL 32810

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROJAS, RAI <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D ROBIN L. HOFFMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, RAI	1.2 NAME	ROBIN L. HOFFMAN
STREET ADDRESS	P.O. BOX 11-1663 N/A	1.3 STREET ADDRESS	419 LOBELIA ROAD
CITY-ST-ZIP	HIALEAH FL 33011	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	VD FLOYD, RHONDA <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D JEROME BOMBLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, RHONDA	2.2 NAME	JEROME BOMBLY
STREET ADDRESS	4461 TRAVELERS ROAD	2.3 STREET ADDRESS	140-A SPORTSMAN POINT
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	VD HIGGINS, MARJORIE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D MARJORIE HIGGINS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, MARJORIE	3.2 NAME	MARJORIE HIGGINS
STREET ADDRESS	1847 WEXFORD WAY	3.3 STREET ADDRESS	1847 WEXFORD WAY
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	TD DEMETREE, MARY <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMETREE, MARY	4.2 NAME	
STREET ADDRESS	3348 EDGEWATER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robin L. Hoffman* **ROBIN L. HOFFMAN** 4/29/96 (407)422-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)