


FILE NOW: FILING FEE IS \$61.25

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**Apr 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722045 (2)
1. Corporation Name
FLORIDA RIGHT TO LIFE, INCORPORATED



Principal Place of Business 3336 EDGEWATER DRIVE ORLANDO FL 32804	Mailing Address 3336 EDGEWATER DRIVE ORLANDO FL 32804
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3. Date Incorporated or Qualified 11/08/1971	
4. FEI Number 59-1610092	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

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

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD HOFFMAN, ROBIN L 419 LOBELIA RD ST AUGUSTINE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD Lynda Bell 1740 NW 13 AVE HOMESTEAD FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD BOMBLY, JEROME 140 A SPORTSMAN PT INVERNESS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD Judi KATZ 6576 CHESTNUT DR NAPLES FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD HIGGINS, MAJORIE 1847 WEXFORD WAY ORANGE PARK FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD MATTHEW OZOLNIEKS 1073 S HIAWASSEE RD # 1018 ORLANDO FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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.

SIGNATURE: *Lynda Bell* **LYNDA BELL** 4-3-98 407-422-7111

CF2E037 (10/97)