Applied For Not Applicable

### **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 722045**

1. Corporation Name

### FLORIDA RIGHT TO LIFE, INCORPORATED

Principal Place of Business 3336 EDGEWATER DRIVE ORLANDO FL 32804

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

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3336 EDGEWATER DRIVE ORLANDO FL 32804

# **FILED** Jun 01, 1999 8:00 am **Secretary of State**

06-01-1999 90048 037 \*\*\*\*70.00



3. Date Incorporated or Qualifed 11/08/1971

4. FEI Number 59-1610092

City & Stat	te	City 8	State				T_	Cartifort		ın Danisa		J	\$8.75	Additional
23		28					J 3.	Certifcate	e or Statt	is Desire	a		Fee Re	quired
Zip	Country	Zip	Cor		ountry		6.	Election	Campaig	n Financi	ing		\$5.00	May Be
24	25	25 29 30				1	Trust Fur	nd Contri	bution			Added t	o Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered A						Agent			
				81	Nar	ne								
STAVER, MATHEW D.					Stre	et Addre	ss /P	O. Box N	lumber is	Not Acc	entabl	e)		
1900 SUMMIT TOWER BLVD.														
STE. 540 ORLANDO FL 32810														
					City	<del>,</del>							85 Zip C	ode
				84	Ų.,	•						FL	.   65   24	5000
	to the provisions of Sections 617.05													
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.					13.			ADDITION	S/CHAN	GES TO	OFFIC	CERS AN	D DIRECTO	
TITLE	D DELETE			1.1 TITLE									☐ Change	☐ Addition
NAME	BELL, LYNDA			1.2 NAME										)
STREET ADDRESS					1.3 STREET ADDRESS									Į
CITY-ST-ZIP	HOMESTEAD FL 33030			1,4 CITY-ST	-ZIP	_[		·						
tπLE	<b>TD</b> ☐ DELETE			2.1 TITLE		- {							Change	Addition
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CITY-ST-ZIP	NAPLES FL 34109			2.4 CITY-ST	T-ZIP								·	
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NAME	OZOLNIEKS, MATTHEW			3.2 NAME		1								
STREET ADDRESS				3.3 STREET ADDRESS										
CITY-ST-ZIP	ORLANDO FL 32835			3.4. CITY- ST	T-ZIP								·—	
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CITY-ST-ZIP				6.4 CITY-ST	-ZIP									

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, with all other like empowered.

SIGNATURE: