

5/23

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-23-2002 90117 007 ****70.00

DOCUMENT # 722045

1. Entity Name
FLORIDA RIGHT TO LIFE, INCORPORATED

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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1610092** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHIPLEY, C. GENE
ZIMMERMAN, SHUFFIELD, KISER, & SUTCLIFF, PA
315 E. ROBINSON STE., #600
ORLANDO FL 32810

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		Delete
TITLE	PO	
NAME	BELL, LYNDA	
STREET ADDRESS	1740 N.W. 13 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	TD	
NAME	KATZ, JUDI	
STREET ADDRESS	6576 CHESTNUT DR	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VO	
NAME	OZOLNIEKS, MATTHEW	
STREET ADDRESS	1073 S HIAWASSEE RD., #1018	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	PD (PRESIDENT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	TOUCHSTON, BOB		<input checked="" type="checkbox"/>
STREET ADDRESS	1298 CIMARRON CIRCLE, NE		
CITY-ST-ZIP	PALM BEACH FL 32905		
TITLE	GREGG TRUDE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	1745-4TH AVE., NORTH		<input checked="" type="checkbox"/>
STREET ADDRESS	JACKSONVILLE FL 32250		
CITY-ST-ZIP	(TREASURER)		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	SUZAN CORRAL		<input checked="" type="checkbox"/>
STREET ADDRESS	803 LOWRY LN.		
CITY-ST-ZIP	TAMPA FL 33604		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.
Robert C. Touchston
President **4-30-02 407 422-7111**
SIGNATURE: _____ Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/01)