

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2004  
Secretary of State**

DOCUMENT# 722045

Entity Name: FLORIDA RIGHT TO LIFE, INCORPORATED

**Current Principal Place of Business:**

3336 EDGEWATER DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

3336 EDGEWATER DRIVE  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 59-1610092      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIPLEY, C. GENE  
ZIMMERMAN, SHUFFIELD, KISER, & SUTCLIFF, PA  
315 E. ROBINSON STE., #600  
ORLANDO, FL 32810 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CORRAL, SUZAN  
Address: 803 LOWRY LANE  
City-St-Zip: TAMPA, FL 33604

Title: VPD ( ) Delete  
Name: BOMBLY, JEROME  
Address: 2295 E. GOLDPEARL LANE  
City-St-Zip: HERNANDO, FL 34442

Title: TD ( ) Delete  
Name: MELONE, ED  
Address: 6172 THRESHER DR  
City-St-Zip: NAPLES, FL 34112

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOFFMAN, ROBIN L  
Address: 419 LOBELIA RD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: GALLIEN, TIM  
Address: 2110-C OCEAN SHORE BLVD.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD ( ) Change (X) Addition  
Name: SKINNER, LINDA  
Address: 222 SWALLOW RD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBIN L. HOFFMAN

PD

04/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date