

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2007  
Secretary of State**

DOCUMENT# 722045

Entity Name: FLORIDA RIGHT TO LIFE, INCORPORATED

**Current Principal Place of Business:**

378 CENTERPOINTE CIRCLE  
SUITE 1250  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

378 CENTERPOINTE CIRCLE  
SUITE 1250  
ALTAMONTE SPRINGS, FL 32701

**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  
234 N. WESTMONTE DRIVE  
SUITE 3000  
ALTAMONTE SPRINGS, FL 32701 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: HOFFMAN, ROBIN L  
Address: 419 LOBELIA RD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VPD ( ) Delete  
Name: OZOLNIEKS, MATT  
Address: 8134 CITRUS HILL CT  
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete  
Name: GALLIEN, TIM  
Address: 584 QUARTER HORSE LANE  
City-St-Zip: BUNNELL, FL 32110

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TIM GALLIEN

TREA

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date