2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722045

FILED Feb 06, 2008 Secretary of State

Entity Name: FLORIDA RIGHT TO LIFE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

378 CENTERPOINTE CIRCLE SUITE 1250

ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

378 CENTERPOINTE CIRCLE SUITE 1250 ALTAMONTE SPRINGS, FL 32701

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

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

SHIPLEY, C. GENE 234 N. WESTMONTE DRIVE SUITE 3000 ALTAMONTE SPRINGS, FL 32701 US

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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: HOFFMAN, ROBIN L Name: BELL, LYNDA

 Name:
 HOFFMAN, ROBIN L
 Name:
 BELL, LYNDA

 Address:
 419 LOBELIA RD.
 Address:
 343 NW 19TH ST

 City-St-Zip:
 ST. AUGUSTINE, FL 32086
 City-St-Zip:
 HOMESTEAD, FL 33030

Title: VPD () Delete Title: () Change () Addition

 Name:
 OZOLNIEKS, MATT
 Name:

 Address:
 8134 CITRUS HILL CT
 Address:

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 GALLIEN, TIM
 Name:
 GRUTERS, JOE

 Address:
 584 QUARTER HORSE LANE
 Address:
 2301 COCOANUT AVE

 City-St-Zip:
 BUNNELL, FL 32110
 City-St-Zip:
 SARASOTA, FL 34234

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 SKINNER, LINDA
 Name:
 EISNAUGLE, CARRIE

 Address:
 222 SWALLOW RD.
 Address:
 8643 DOVER OAKS CT

 City-St-Zip:
 ST. AUGUSTINE, FL 32086
 City-St-Zip:
 ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify 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: JOE GRUTERS TREA 02/06/2008