

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722045

FILED
Mar 19, 2009
Secretary of State

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:

SHIPLEY, GENE
301 EAST PINE ST
SUITE 1400
ORLANDO, FL 32801 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: GENE SHIPLEY

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELL, LYNDA
Address: 343 NW 19TH ST
City-St-Zip: HOMESTEAD, FL 33030

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

Title: TD () Delete
Name: GRUTERS, JOE
Address: 2301 COCOANUT AVE
City-St-Zip: SARASOTA, FL 34234

Title: SD () Delete
Name: EISNAUGLE, CARRIE
Address: 8643 DOVER OAKS CT
City-St-Zip: ORLANDO, FL 32836

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 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: GENE SHIPLEY

RA

03/19/2009

Electronic Signature of Signing Officer or Director

Date