FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742184** **(5)**

1. Corporation Name

RIGHT TO LIFE OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business	Mailing Address
PO BOX 10091 TAMPA FL 33679	PO BOX 10091 TAMPA FL 33679

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/23/1978**
3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-2650232** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BERGQUIST, SANDI
9902 N TALIAFERRO
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	BERGQUIST, SANDI	1.2 NAME		
STREET ADDRESS	9902 N TALIAFERRO	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BAXLEY, EDWARD	2.2 NAME		
STREET ADDRESS	308 W ALFRED ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☒ Addition
NAME	BAKER, PEGGY	3.2 NAME	Mary Garcia	
STREET ADDRESS	2014 E. BROAD STREET	3.3 STREET ADDRESS	2113 W Erna Dr	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33603	
TITLE	SD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	FARLEY, MARGARET D	4.2 NAME		
STREET ADDRESS	1502 BEARSS AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	CARTAYA, DAVID	5.2 NAME		
STREET ADDRESS	7513 SUMMERBRIDGE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	VILA, SR. H	6.2 NAME		
STREET ADDRESS	3209 W SITKA ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandi Bergquist 3/27/95 (813) 933-4436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000147

7

☒ Change ☐ Addition

V/D
TANNER, LINDA
5905 N ROME AVE
TAMPA, FL 33604

☐ Change ☒ Addition

S/D
ELIZABETH GUERTIN
4210 W JETTON AVE
TAMPA, FL 33629

☐ Change ☒ Addition

DR WILLIAM S REED
PO BOX 152136
TAMPA, FL 33684

(LISTED LAST YEAR, NO CHANGE)

D
HUBERT HEY

D
DOUG JONES