

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722045

FILED
Apr 23, 2007
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:

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