

# 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, LYNDIA  
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