

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 726206 (6)
 1. Corporation Name
BROWARD COUNTY RIGHT TO LIFE FOUNDATION, INC.

Principal Place of Business Mailing Address
 512 NE 26TH STREET FT. LAUDERDALE FL 33305
 512 NE 26TH STREET FT. LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/24/1973	3a. Date of Last Report 02/28/1994
4. FEI Number 23-7380518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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
BRYAN, LORNA
5500 BLUEJACK OAK CIR
TAMARAC FL 33319

10. Name and Address of New Registered Agent

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

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 607.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLONEL, VIRGINIA 2901 N.E. 55TH PLACE FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREITFELLER, MARILYN 1200 HOLIDAY DRIVE #13 FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEARY, JAMES 650 SW 87TH TERRACE PLANTATION FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, PEDRO 2720 S. OAKLAND FOREST OAKLAND PARK FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHERMERHORN, RENEE 2240 N.W. 60 TERR MARGATE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADGEN, JERRY 7370 SW 9TH COURT PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P AMAN, JOHN 5200 N.W. 31ST AVENUE - APT 1 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP COLONEL, VIRGINIA 2901 N.E. 55TH PLACE FT. LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D BREITFELLER, MARILYN 1200 HOLIDAY DRIVE, #13 FT. LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T VALDES, PEDRO 5100 N. FEDERAL HIGHWAY - #301 FT. LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D HEFFERNAN, GLORIA DR. 1431 S. OCRAN BOULEVARD, #52 POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia M. Colonel - VIRGINIA M. COLONEL Date: 4-18-95 (365) 491-0194