

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified  
**04/24/1973**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**23-7380518**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYAN, LORNA  
5509 BLUEJACK OAK CIR  
TAMARAC FL 33319**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>COLONEL, VIRGINIA</b>	
STREET ADDRESS	<b>2901 N.E. 55TH PLACE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>COLONEL, VIRGINIA</b>	
STREET ADDRESS	<b>2901 N. E. 55TH PLACE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BREITFELLER, MARILYN</b>	
STREET ADDRESS	<b>1200 HOLIDAY DRIVE #13</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>VALDES, PEDRO</b>	
STREET ADDRESS	<b>5100 N. FEDERAL HWY #301</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HEFFERNAN, GLORIA D</b>	
STREET ADDRESS	<b>1431 S. OCEAN BOULEVARD #52</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FADGEN, JERRY</b>	
STREET ADDRESS	<b>7379 SW 9TH COURT</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOHN AMAN</b>	
1.3 STREET ADDRESS	<b>5200 NW 31ST STREET - APT 1</b>	
1.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33309</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JAMES CLEARY</b>	
3.3 STREET ADDRESS	<b>650 SW 87TH TERRACE</b>	
3.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: James F. Cleary, sec. 1-19-96 305-563-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)