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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33305-1141

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

3. Date Incorporated or Qualified 04/24/1973 3a. Date of Last Report 01/29/1996
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
BRYAN, LORNA
5509 BLUEJACK OAK CIR
TAMARAC FL 33319

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P AMAN, JOHN <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMAN, JOHN	1.2 NAME	
STREET ADDRESS	5200 NW 31ST STREET - APT 1	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLONEL, VIRGINIA	2.2 NAME	
STREET ADDRESS	2901 N. E. 55TH PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	D BREITFELLER, MARILYN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITFELLER, MARILYN	3.2 NAME	
STREET ADDRESS	1200 HOLIDAY DRIVE #13	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	T VALDES, PEDRO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, PEDRO	4.2 NAME	
STREET ADDRESS	5100 N. FEDERAL HWY #301	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	D HEFFERNAN, GLORIA D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFERNAN, GLORIA D	5.2 NAME	
STREET ADDRESS	1431 S. OCEAN BOULEVARD #52	5.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D FADGEN, JERRY <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FADGEN, JERRY	6.2 NAME	
STREET ADDRESS	7379 SW 9TH COURT	6.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	6.4 CITY - ST - ZIP	

5	CLEARY, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	650 SW 87TH TERRACE	
	PLANTATION FL	
T	FADGEN, JERRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	7379 SW 9TH COURT	
	PLANTATION FL	
D	BARE, BOB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	10701 NW 4TH STREET	
	PLANTATION FL	

14. I do hereby certify that the information supplied with this filing 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: *Virginia M Colonel* - Virginia M Colonel Date: 2-14-97 Daytime Phone # 0035843

CR2E037 (9/96)