

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

99 SEP 30 PM 3:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0006083

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 726206

1. Corporation Name
 BROWARD COUNTY RIGHT TO LIFE FOUNDATION, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	26			04/24/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7380518	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	24	
25	29	30			

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 617.1506, 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 5200 NW 31ST STREET - APT 1 FT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.1 TITLE P/D 1.2 NAME Amen, John 1.3 STREET ADDRESS 6300 NW 31ST TERRACE 1.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33309
TITLE	D COLONEL, VIRGINIA 2901 N. E. 55TH PLACE FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP/D 2.2 NAME TOM CAMPBELL 2.3 STREET ADDRESS 117 NW 24 STREET 2.4 CITY-ST-ZIP WILTON MANORS, FL. 33311
TITLE	S CLEARY, JAMES 650 SW 87 TERR PLANTATION FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S/D 3.2 NAME NITA SULLIVAN 3.3 STREET ADDRESS 4011 N. CYPRESS DR. BLDG 83 A0205 3.4 CITY-ST-ZIP PANAMA BEACH, FL. 33069
TITLE	T FADGEN, JERRY 7379 SW 8 CT PLANTATION FL	<input type="checkbox"/> DELETE	4.1 TITLE T/D 4.2 NAME 700003007507--4 4.3 STREET ADDRESS -10/06/99--01071--004 4.4 CITY-ST-ZIP *****245.00 *****245.00
TITLE	VP MAY, JOHN 219 SE 9 CT HALLENDALE FL 33009	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME MAY, JOHN 5.3 STREET ADDRESS 219 SE 9 CT 5.4 CITY-ST-ZIP HALLENDALE, FL. 33009
TITLE	D BARE, BOB 10701 NW 4 ST PLANTATION FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME CLEARY, JAMES 6.3 STREET ADDRESS 650 SW 87 TERR. 6.4 CITY-ST-ZIP PLANTATION, FL. 33324 KE

14. I 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, with all other like empowered.

SIGNATURE: John K. Aman 9-26-97 (954) 970 9396
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)