

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Oct 01, 2004
Secretary of State**

DOCUMENT# 726206

Entity Name: BROWARD COUNTY RIGHT TO LIFE FOUNDATION, INC.

Current Principal Place of Business:

512 NE 26TH STREET
FT. LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

512 NE 26TH STREET
FT. LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 23-7380518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMAN, JOHN
6300 NW 31ST TERRACE
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: AMAN, JOHN
Address: 6300 NW 31ST TERRACE
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP/D () Delete
Name: CAMPBELL, TOM
Address: 117 NW 24 STREET
City-St-Zip: WILTON MANORS, FL 33311

Title: S/D () Delete
Name: SULLIVAN, NITA
Address: 4011 N. CYPRESS DR. BLDG. 83 APT. 205
City-St-Zip: POMPANO BEACH, FL 33069

Title: T/D () Delete
Name: FADGEN, JERRY
Address: 7379 SW 9 CT
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: MAY, JOHN
Address: 219 SE 9 CT
City-St-Zip: HALLENDALE, FL 33009

Title: D () Delete
Name: CLEARY, JAMES
Address: 650 SW 87 TERR.
City-St-Zip: PLANTATION, FL 33324

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
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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 for the exemption stated in Section 119.07(3)(i), 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: JOHN AMAN

Electronic Signature of Signing Officer or Director

PRES

10/01/2004

Date

SAM KASTENSMIDT
2462 NW 49TH TERRACE
COCONUT CREEK, FL 33063

LAURA LACOUR
6278 DUVAL DRIVE
MARGATE, FL 33063