
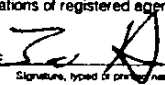



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90020 030 \*\*\*\*61.25

<b>DOCUMENT # 726206</b>			
1. Entity Name <b>BROWARD COUNTY RIGHT TO LIFE FOUNDATION, INC.</b>			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>23-7380518</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMAN, JOHN 6300 NW 31ST TERRACE FORT LAUDERDALE, FL 33309		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <b>6-12-06</b>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="radio"/> Add <input type="checkbox"/> Delete AMAN, JOHN 6300 NW 31ST TERRACE FT LAUDERDALE, FL 33309 <i>President</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Laura Bender 6278 Duval Drive Margate, FL 33063 <i>Director</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="radio"/> Add <input type="checkbox"/> Delete CAMPBELL, TOM 117 NW 24 STREET WILTON MANORS, FL 33311 <i>V. President</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sam Kastensmidt 2462 NW 49 Terrace Coconut Creek, FL 33063 <i>Director</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="radio"/> Add <input type="checkbox"/> Delete SULLIVAN, NITA 4011 N. CYPRESS DR. BLDG. 83 APT. 205 POMPANO BEACH, FL 33069 <i>secretary</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jerry Faden 7319 SW 9th Ct Plantation, FL 33317 <i>Board member</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="radio"/> Add <input type="checkbox"/> Delete FADGEN, JERRY 7379 SW 9 CT PLANTATION, FL <i>Treasury</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="radio"/> Add <input type="checkbox"/> Delete MAY, JOHN 219 SE 9 CT HALLENDALE, FL 33009 <i>Delete</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="radio"/> Add <input type="checkbox"/> Delete CLEARY, JAMES 650 SW 87 TERR. PLANTATION, FL 33324 <i>Board member</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: <b>6-12-06</b> <b>954-284-5330</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	