2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED **DOCUMENT #726206** 07 SEP 21 PM 3: L8 BROWARD COUNTY RIGHT TO LIFE FOUNDATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 512 NE 26TH STREET 512 NE 26TH STREET RX FT. LAUDERDALE, FL 33305 FT. LAUDERDALE, FL 33305 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suita, Apt. #, etc. 08072007 Chg-NP CR2E037 (12/06) City & State City & State FEI Number 23-7380518 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMAN, JOHN 6300 NW 31ST TERRACE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33309 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algneture required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May 8e Make check payable to Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition Delete Change TITLE TITLE HALLE AMAN, JOHN NAME 6300 NW 31ST TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33309 CITY-ST-ZIP VP TITLE Delete MILE Addition LAURA BENDER CAMPBELL, TOM HALE MALE 6278 DUVAL DR **117 NW 24 STREET** STREET ADDRESS STREET ADDRESS MARGARE, FL 33063 CITY-ST-ZIP WILTON MANORS, FL 33311 CITY-ST-ZIP MLE Delete ШÆ ☐ Change ■ Addition SULLIVAN, NITA NAME NAME 4011 N. CYPRESS DR. BLDG. 83 APT. 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-729 TITLE ☐ Delete MILE ☐ Change ☐ Addition FADGEN, JERRY NAME HAME STREET ADDRESS 7379 SW 9 CT STREET ADDRESS CITY-ST-76 PLANTATION, FL CITY-ST-ZIP Change ☐ Addition Delete HILE TITLE D CLEARY, JAMES NAME NAME STREET ADORESS 650 SW 87 TERR. STREET ADORESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP ☐ Delete Change ☐ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZAP 12. Thereby certify that the information supplied with this filling 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 es 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attractionant with an address, with all other like empowered.

08-13-2007 90020 016 ****61.25