


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90035 025 ****70.00

DOCUMENT # 726206
 1. Entity Name
BROWARD COUNTY RIGHT TO LIFE FOUNDATION, INC.



Principal Place of Business
512 NE 26TH STREET
FT. LAUDERDALE, FL 33305 US

Mailing Address
512 NE 26TH STREET
FT. LAUDERDALE, FL 33305 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40101140



04302008 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7380518


Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AMAN, JOHN
6300 NW 31ST TERRACE
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2008	
TITLE P	AMAN, JOHN 6300 NW 31ST TERRACE FT LAUDERDALE, FL 33309	TITLE Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	Laura LaCour 6278 Duval Drive Margate, FL 33003
TITLE VP	CAMPBELL, TOM 117 NW 24 STREET WILTON MANORS, FL 33311	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	Director
TITLE S	SULLIVAN, NITA 4011 N. CYPRESS DR. BLDG. 83 APT. 205 POMPAHO BEACH, FL 33069	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE T	FADGEN, JERRY 7379 SW 9 CT PLANTATION, FL	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE D	CLEARY, JAMES 650 SW 87 TERR. PLANTATION, FL 33324	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE D	KASTENSMIDT, SAMUEL 2940 N COURSE DR #705 POMPAHO BEACH, FL 33069	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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:  **4-30-08** **954 563 5933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #