

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90139 035 \*\*\*\*61.25

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**DOCUMENT # 726206**

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

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

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

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>P/D</b>	<input type="checkbox"/> Delete
NAME	<b>AMAN, JOHN</b>	
STREET ADDRESS	<b>6300 NW 31ST TERRACE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>	
TITLE	<b>VP/D</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, TOM</b>	
STREET ADDRESS	<b>117 NW 24 STREET</b>	
CITY-ST-ZIP	<b>WILTON MANORS FL 33311</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, NITA</b>	
STREET ADDRESS	<b>4011 N. CYPRESS DR. BLDG. 83 APT. 205</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE	<b>T/D</b>	<input type="checkbox"/> Delete
NAME	<b>FADGEN, JERRY</b>	
STREET ADDRESS	<b>7379 SW 9 CT</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAY, JOHN</b>	
STREET ADDRESS	<b>219 SE 9 CT</b>	
CITY-ST-ZIP	<b>HALLEDALE FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLEARY, JAMES</b>	
STREET ADDRESS	<b>650 SW 87 TERR.</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN MAY</b>	
STREET ADDRESS	<b>219 SE 9th Court</b>	
CITY-ST-ZIP	<b>Hallandale, Fla. 33009</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LORNA BRYAN</b>	
STREET ADDRESS	<b>8080 NW 96th Terrace #107</b>	
CITY-ST-ZIP	<b>Tamarac, Fla 33321</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIO ROCKOFF</b>	
STREET ADDRESS	<b>2220 N. Cypress Bend Dr PH 501</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *[Signature]* **SIGNATURE REQUIRED**

CR2E037 (10/02)