

FILE NOW: FILING FEE IS \$61.2

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 25 1996 8:00 am  
Secretary of State

DOCUMENT # **742184** (5)  
1. Corporation Name  
**RIGHT TO LIFE OF HILLSBOROUGH COUNTY, INC.**

Principal Place of Business Mailing Address  
**PO BOX 10391 TAMPA FL 33679** **PO BOX 10391 TAMPA FL 33679**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30

3. Date Incorporated or Qualified **03/23/1978** 3a. Date of Last Report **04/19/1995**  
4. FEI Number **59-2650232** Applied For Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BERGQUIST, SANDI  
9902 N TALIAFERRO  
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81 Name **MARGARET D. FARLEY**  
82 Street Address (P.O. Box Number is Not Acceptable) **1502 HAVEN BEND**  
83  
84 City **TAMPA** FL 85 Zip Code **33613**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Margaret D. Farley*, Margaret D. Farley, T/D 6/21/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BERGQUIST, SANDI	
STREET ADDRESS	9902 N TALIAFERRO	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAXLEY, EDWARD	
STREET ADDRESS	308 W ALFRED ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, MARY	
STREET ADDRESS	2113 W ERNA DR	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARLEY, MARGARET D	
STREET ADDRESS	1502 BEARSS AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARTAYA, DAVID	
STREET ADDRESS	7513 SUMMERBRIDGE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VILA, SR. H	
STREET ADDRESS	3209 W SITKA ST	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	GLENN, SUSAN	
13 STREET ADDRESS	501 E. Kennedy Blvd	
14 CITY-ST-ZIP	Tampa FL 33602	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	9517 N. Dartmouth Ave.	
24 CITY-ST-ZIP	Tampa, FL 33612	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	1502 Haven Bend	
44 CITY-ST-ZIP	33613	
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP	33614	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	HEY, HUBERT	
63 STREET ADDRESS	1610 E. Ida St.	
64 CITY-ST-ZIP	TAMPA, FL 33610	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret D. Farley* (813) 962-0531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*MARGARET D. FARLEY T/D* Date 6/21/96 Daytime Phone

CR2E037 (12/95)