

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90035 031 \*\*\*\*61.25

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**DOCUMENT # 742184**

1. Corporation Name

**RIGHT TO LIFE OF HILLSBOROUGH COUNTY, INC.**

Principal Place of Business

PO BOX 10391  
TAMPA FL 33679

Mailing Address

PO BOX 10391  
TAMPA FL 33679



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

**03/23/1978**

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

9. Name and Address of Current Registered Agent

HEY, HUBERT C  
1610 E IDA STREET  
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE  
NAME **GLENN, SUSAN**  
STREET ADDRESS **501 E KENNEDY BLVD**  
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ DELETE  
NAME **ECKART, JAMES MD**  
STREET ADDRESS **10017 HAMPTON PL**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☒ DELETE  
NAME **CORY, DAVID ESQ**  
STREET ADDRESS **2105 HAYDON CT**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ DELETE  
NAME **YANEY, MARY ANN**  
STREET ADDRESS **2909 E 148TH AVE**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **VD** ☐ DELETE  
NAME **CARTAYA, DAVID**  
STREET ADDRESS **7513 SUMMERBRIDGE DRIVE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE  
NAME **HEY, HUBERT**  
STREET ADDRESS **1610 E IDA ST**  
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **CRIS TURNER**  
1.4 CITY-ST-ZIP **1613 COTTAGEWOOD DR**  
**BRANDON, FL 33510**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **P/S/D**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Signature Required*  
**Feb 10, 1999** (813) **237-5315**

Date

Daytime Phone #

CR2E037 (11/98)