1. Entity Nam	MENT # 742184				Sec	cretary	04 8:00 x 7 of Stat 5 050 ****61.25	e
Principal Plac	e of Business	Mailing Address						
PO BOX 103 TAMPA FL 3		PO BOX 10391 TAMPA FL 33679				• •		
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			N	IOORE (CR2E037 (11/03)	
City & State		City & State		4.	4. FEI Number 59-2650232			plied For
Zip	Country	Zip	Country	5.	Certificate of S	itatus Desired	\$8.75 Add Fee Require	litional
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Ad	dress of New Reg	gistered Agent	
HEY, HUBERT C 1610 E IDA STREET TAMPA FL 33610				Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip Cod	e
the obligat	Signature, typed or printed name of registered agent		s registered office or TE: Registered Agent signati	-	_		da. I am familiar with, DATE	and acce
the obligat	ions of registered agent.	and life if applicable. (NO 9. Election Ca Trust Fund	TE: Registered Agent signate	rre required when \$5 Add	. reinstating) .00 May Be ded to Fees	Make Florida	da. I am familiar with.	to State
the obligat SIGNATURE 10. TITLE NAME STREET ADDRESS	ions of registered agent. Signature. typed or printed name of registered agent FILE: NOW:: FEE: IS \$61:25 Due: By May 1, 2004 OFFICERS AND DIF D ECKART, JAMES MD 10017 HAMPTON PL	and life if applicable. (NO 9. Election Ca Trust Fund	TE: Registered Agent signate ampaign Financing Contribution. 11. ITLE NAME STREET ADDRESS	rre required when \$5 Add	. reinstating) .00 May Be ded to Fees	Make Florida	da. I am familiar with, DATE Check Payable Department of	to State
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the obligat	Signature, typed or printed name of registered agent FILE: NOW:: FEE: IS: \$61:25 Due By May 1, 2004 OFFICERS AND DIF DECKART, JAMES MD 10017 HAMPTON PL TAMPA FL 33618 D CARTAYA, DAVID 7513 SUMMERBRIDGE DRIVE TAMPA FL TD HEY, HUBERT 1610 E IDA ST TAMPA FL VD GLEASON, STEPHANIE 1808 EAST 115TH AVENUE	and litle if applicable. (NC 9. Election Ca Trust Fund RECTORS Delete Delete	TE: Registered Agent signate ampaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	re required when	. reinstating) .00 May Be ded to Fees	Make Florida	da. I am familiar with, DATE Check Payable DATE Change Change Change Change	to State

Attachment • attachment to not-tor-Proft Corporation annual Report Right to Life of Hillsborough County Inc Aten 10 Benjomin Kelley 601 E. Kennedy Blod Tampa FL 33602 Christopher Gladu 10210 Douglas Oaks Circle #2 Tampa, F-L 33610 Steve Tuller 75 18 Isallineta Dr. Tampa, FL 33615 D Elizabeth anderson 23335 Club-Villas Drive Jand O Jakes FL, 34639-4167