

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 24, 2004 8:00 am**  
**Secretary of State**

06-24-2004 90078 003 \*\*\*\*70.00

**DOCUMENT # 748809**

1. Entity Name

OCALA-MARION COUNTY RIGHT TO LIFE, INC.



Principal Place of Business

2000 NE 51 PLACE  
OCALA FL 34479  
US

Mailing Address

P O BOX 4993  
OCALA FL 34478  
US

54058648



MOORE CR2E037 (4/04)

2. Principal Place of Business

8420 S.W. 93 Lane  
Suite, Apt. #, etc.  
Unit F

3. Mailing Address

P.O. Box 4993  
Suite, Apt. #, etc.  
Ocala Florida

City & State

Ocala, Florida

City & State

34478

4. FEI Number

59-2882267

Applied For

Not Applicable

Zip

34481

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, G. M  
8713 NW 181 PLACE  
REDDICK FL 32686

7. Name and Address of New Registered Agent

Name: Mabel W. Ryan  
Street Address (P.O. Box Number is Not Acceptable): 8420 S.W. 93 Lane  
Unit F  
City: Ocala FL Zip Code: 34481

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

Mabel W. Ryan - President - Director  
Mabel W. Ryan

(NOTE: Registered Agent signature required when reinstating)

DATE

June 17, 2004

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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          | PD               | <input checked="" type="checkbox"/> Delete |
| NAME           | MARTIN, ED REV   |  |
| STREET ADDRESS | 2000 NE 51 PLACE |  |
| CITY-ST-ZIP    | OCALA FL 34479   |  |
| TITLE          | TD               | <input checked="" type="checkbox"/> Delete |
| NAME           | ROBINSON, GLEN M |  |
| STREET ADDRESS | 8713 NW 181 PL   |  |
| CITY-ST-ZIP    | REDDICK FL 32686 |  |
| TITLE          | S                | <input checked="" type="checkbox"/> Delete |
| NAME           | ZACH, GAIL       |  |
| STREET ADDRESS | 6518 SW 60 AVE.  |  |
| CITY-ST-ZIP    | OCALA FL 34474   |  |
| TITLE          | DV               | <input checked="" type="checkbox"/> Delete |
| NAME           | RYAN, MABEL W    |  |
| STREET ADDRESS | 8420 SW 93RD LN  |  |
| CITY-ST-ZIP    | OCALA FL 34481   |  |
| TITLE          |                  | <input type="checkbox"/> Delete            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |
| TITLE          |                  | <input type="checkbox"/> Delete            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | PD                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mabel W. RYAN      |  |
| STREET ADDRESS | 8420 S.W. 93 Lane  |  |
| CITY-ST-ZIP    | OCALA - FL - 34481 |  |
| TITLE          | VD                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GAIL L. ZACH       |  |
| STREET ADDRESS | 6518 S.W. 60 AVE.  |  |
| CITY-ST-ZIP    | OCALA - FL - 34474 |  |
| TITLE          | TD                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ROBERT A. STEFAN   |  |
| STREET ADDRESS | 6310 S.W. 117 LOOP |  |
| CITY-ST-ZIP    | OCALA - FL - 34476 |  |
| TITLE          | SD                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DIANE M. CAMPORA   |  |
| STREET ADDRESS | 10438 S.W. 52 CT.  |  |
| CITY-ST-ZIP    | OCALA - FL - 34476 |  |
| 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:

Mabel W. RYAN - President - Director

Mabel W. Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 17, 2004

Date

352-854-8892

Daytime Phone #