

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 748809

FILED
Apr 19, 2003
Secretary of State

Entity Name: OCALA-MARION COUNTY RIGHT TO LIFE, INC.

Current Principal Place of Business:

2000 NE 51 PLACE
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 4993
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-2882267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTIN, ED REV
Address: 2000 NE 51 PLACE
City-St-Zip: OCALA, FL

Title: TD () Delete
Name: ROBINSON, GLEN M
Address: 8713 NW 181 PL
City-St-Zip: REDDICK, FL

Title: S () Delete
Name: CATES, ELOISE
Address: 1532 NE 17 COURT
City-St-Zip: OCALA, FL

Title: DV () Delete
Name: STEINER, LOIS
Address: 8690 SW 108 PLACE
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTIN, ED REV
Address: 2000 NE 51 PLACE
City-St-Zip: OCALA, FL 34479

Title: TD (X) Change () Addition
Name: ROBINSON, GLEN M
Address: 8713 NW 181 PL
City-St-Zip: REDDICK, FL 32686

Title: S (X) Change () Addition
Name: ZACH, GAIL
Address: 6518 SW 60 AVE.
City-St-Zip: OCALA, FL 34474

Title: DV (X) Change () Addition
Name: RYAN, MABEL W
Address: 8420 SW 93RD LN
City-St-Zip: OCALA, FL 34481

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN M ROBINSON

TD

04/19/2003

Electronic Signature of Signing Officer or Director

Date