FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

• CORPORATION
ANNUAL REPORT
• 1995

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

APPROVED
AND
FILED
95 JUN 20 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749546 (8)

1. Corporation Name
PRO-LIFE OF LAKELAND, INC.

Principal Place of Business	Mailing Address
120 WEST MAIN STREET LAKELAND FL 33801	120 WEST MAIN STREET LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1979
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2140481 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FACKLER ETHYLE
1339 THOMASVILLE CIRCLE
LAKELAND FL 33811

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	POWELL, CHRISTINE	12 NAME	300001519043
STREET ADDRESS	2711 WALKER ROAD	13 STREET ADDRESS	-06/21/95--01036--014
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	BAUMGARDNER, LINDA	22 NAME	
STREET ADDRESS	2717 WALKER ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	FACKLER, ETHYLE	32 NAME	
STREET ADDRESS	1339 THOMASVILLE CIR	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MALLICK, DOLLY	42 NAME	
STREET ADDRESS	625 GLENDALE	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	44 CITY-ST-ZIP	
TITLE	VPD	51 TITLE	☐ Change ☐ Addition
NAME	CUSICK, MARIANNE	52 NAME	REMITTED BY MAY 1
STREET ADDRESS	1414 MILLER LANE	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BUCKLER, MARY	62 NAME	
STREET ADDRESS	1245 WALKER ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Ethyle Fackler 6/7/95 813-644-5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ethyle Fackler

0014925