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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 749546 (8)

1. Corporation Name

PRO-LIFE OF LAKE LAND, INC.

Principal Place of Business

Mailing Address

120 WEST MAIN STREET
LAKE LAND FL 33801

120 WEST MAIN STREET
LAKE LAND FL 33815-1552



3. Date Incorporated or Qualified
10/29/1979

3a. Date of Last Report
03/01/1996

4. FEI Number

59-2140481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FACKLER ETHYLE
1339 THOMASVILLE CIRCLE
LAKE LAND FL 33811

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME POWELL, CHRISTINE
STREET ADDRESS 2711 WALKER ROAD
CITY-ST-ZIP LAKE LAND FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME BAUMGARDNER, LINDA
STREET ADDRESS 2717 WALKER ROAD
CITY-ST-ZIP LAKE LAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME FACKLER, ETHYLE
STREET ADDRESS 1339 THOMASVILLE CIR
CITY-ST-ZIP LAKE LAND, FL 00000

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

TITLE D ☐ DELETE
NAME MALUCK, DOLLY
STREET ADDRESS 625 GLENDALE
CITY-ST-ZIP LAKE LAND, FL 00000

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

TITLE VPO ☐ DELETE
NAME CUSICK, MARIANNE
STREET ADDRESS 1414 MILLER LANE
CITY-ST-ZIP LAKE LAND FL

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

TITLE D ☐ DELETE
NAME BUCKLER, MARY
STREET ADDRESS 1245 WALKER ROAD
CITY-ST-ZIP LAKE LAND FL

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

14. I do 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.

SIGNATURE:

Ethyle Fackler (Ethyle Fackler) 2/1/97 941-644-5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 941-644-5515

CR2E037 (9/96)