

**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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 11 8:18

**DOCUMENT # 757979 (0)**

1. Corporation Name  
**INDIAN RIVER COUNTY RIGHT TO LIFE, INC.**

Principal Place of Business Mailing Address  
PO BOX 1223 VERO BEACH FL 32961-8223 PO BOX 1223 VERO BEACH FL 32961-8223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/11/1981</b>	3a. Date of Last Report <b>04/13/1994</b>
4. FEI Number <b>59-2413745</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**O'NEILL, EUGENE J  
979 BEACHLAND BLVD  
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, JOHN H	12 NAME	
STREET ADDRESS	44 S HARBOR DR	13 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	14 CITY - ST - ZIP	
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKULICH, JOANN	22 NAME	
STREET ADDRESS	1120 OLDE DOUBLOON	23 STREET ADDRESS	
	VERO BEACH, FL 00000	24 CITY - ST - ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST PIERRE, ANN	32 NAME	
STREET ADDRESS	548 AZALEA LANE	33 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH, FL 00000	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURO, JOSEPH	42 NAME	
STREET ADDRESS	8850 MOCKINGBIRD DR - Box 3758	43 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH, FL 00000-32966 (N/A)	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, RUTH	52 NAME	
STREET ADDRESS	1576 SMUGGLERS COVE	53 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, JOHN	62 NAME	
STREET ADDRESS	1576 SMUGGLERS COVE	63 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH 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 110.07(3)(k), 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: Ann St Pierre, Ann St Pierre, Treasurer 4-12-95 407.231.4135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Signature Number)