

2-6-98 ✓ 1615-2  
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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757979 (0)

1. Corporation Name

INDIAN RIVER COUNTY RIGHT TO LIFE, INC.

Principal Place of Business

PO BOX 1223  
VERO BEACH FL 32961-8223

Mailing Address

PO BOX 1223  
VERO BEACH FL 32961-8223

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

3. Date Incorporated or Qualified

05/11/1981

4. FEI Number

59-2413745

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

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

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ST PIERRE, ANN U	
STREET ADDRESS	546 AZALEA LANE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ST PIERRE, ANN	
STREET ADDRESS	546 AZALEA LANE	
CITY-ST-ZIP	VERO BEACH, FL 00000	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAURO, JOSEPH	
STREET ADDRESS	2305 46TH AVE	
CITY-ST-ZIP	VERO BEACH, FL 00000	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWEIKART JEAN	
STREET ADDRESS	1405 82ND AVE 258	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIVINGSTON, JOHN	
STREET ADDRESS	1576 SMUGGLERS COVE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Schmidt, John	
1.3 STREET ADDRESS	44 South Harbor Drive	
1.4 CITY-ST-ZIP	VERO Beach, FL 32960	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LIVINGSTON, Ruth	
5.3 STREET ADDRESS	1576 Smugglers Cove	
5.4 CITY-ST-ZIP	VERO Beach, FL 32963	

6.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GATINS, MAURKEEN	
6.3 STREET ADDRESS	935 E. Causeway Blvd. Apt. 201	
6.4 CITY-ST-ZIP	VERO Beach, FL 32963	

14. 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 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 U. St Pierre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-98

Daytime Phone # 0020548

231-4135

CR2E037 (10/97)