

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 FEB 14 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified **05/11/1981** 3a. Date of Last Report **05/01/1996**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2413745	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'NEILL, EUGENE J
979 BEACHLAND BLVD
VERO BEACH FL 32963**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, JOSEPH VINCENT	1.2 NAME	ST. PIERRE, ANN U.
STREET ADDRESS	1939 OCEAN RIDGE, P.O. BOX 3782	1.3 STREET ADDRESS	546 AZALEA LANE
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST PIERRE, ANN	2.2 NAME	SCHMIDT, JOHN
STREET ADDRESS	546 AZALEA LANE	2.3 STREET ADDRESS	44 S. HARBOR DRIVE
CITY-ST-ZIP	VERO BEACH, FL 00000	2.4 CITY-ST-ZIP	VERO BEACH, FL 32960-0822
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURO, JOSEPH	3.2 NAME	CARROLL, BERENICE
STREET ADDRESS	2305 46TH AVE	3.3 STREET ADDRESS	3311 12 CT. # F-8
CITY-ST-ZIP	VERO BEACH, FL 00000	3.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTON, RUTH	4.2 NAME	Schweikart, Jean
STREET ADDRESS	1576 SMUGGLERS COVE	4.3 STREET ADDRESS	1405 82 AVE. # 258
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, JOHN	5.2 NAME	
STREET ADDRESS	1576 SMUGGLERS COVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

2/14/97

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: *Ann U. St. Pierre* **561**
Ann U. St. Pierre, Ann U. St. Pierre DDS 231-1135

CR2E037 (9/96)