

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90056 013 ****61.25

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DOCUMENT # 757979

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

2a. Mailing Address

3. Date Incorporated or Qualified

05/11/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2413745

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired? ☐

\$8.75 Additional
Fees Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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 SCHMIDT, JOHN
STREET ADDRESS 44 SOUTH HARBOR DRIVE
CITY-ST-ZIP VERO BEACH FL 32960

1.1 TITLE P ☒ Change ☒ Addition
1.2 NAME JORDAN, JACK
1.3 STREET ADDRESS 536 SO. MIRROR LAKE DR.
1.4 CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE T ☐ DELETE
NAME ST PIERRE, ANN
STREET ADDRESS 546 AZALEA LANE
CITY-ST-ZIP VERO BEACH, FL 00000

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

TITLE D ☐ DELETE
NAME MAURO, JOSEPH
STREET ADDRESS 2305 46TH AVE
CITY-ST-ZIP VERO BEACH, FL 00000

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

TITLE D ☐ DELETE
NAME SCHWEIKART JEAN
STREET ADDRESS 1405 82ND AVE 258
CITY-ST-ZIP VERO BEACH FL

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

TITLE D ☐ DELETE
NAME LIVINGSTON, RUTH
STREET ADDRESS 1576 SMUGGLERS COVE
CITY-ST-ZIP VERO BEACH FL 32963

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

TITLE VP ☐ DELETE
NAME GATINS, MAUREEN
STREET ADDRESS 935 E. CAUSEWAY BLVD. APT. 201
CITY-ST-ZIP VERO BEACH FL 32963

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 05, 1999 561-231-4135

CR2E037 (11/98)