

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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	
21		26		05/11/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2413745	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	Certificate of Status Desired? <input type="checkbox"/> \$8.75 Additional Fees Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> Addition
NAME	SCHMIDT, JOHN		1.2 NAME	JORDAN, JACK	
STREET ADDRESS	44 SOUTH HARBOR DRIVE		1.3 STREET ADDRESS	536 So. MIRROR LAKE DR.	
CITY-ST-ZIP	VERO BEACH FL 32960		1.4 CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST PIERRE, ANN		2.2 NAME		
STREET ADDRESS	546 AZALEA LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURO, JOSEPH		3.2 NAME		
STREET ADDRESS	2305 46TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIKART JEAN		4.2 NAME		
STREET ADDRESS	1405 82ND AVE 258		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, RUTH		5.2 NAME		
STREET ADDRESS	1576 SMUGGLERS COVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		5.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATINS, MAUREEN		6.2 NAME		
STREET ADDRESS	935 E. CAUSEWAY BLVD. APT. 201		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		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)(l), 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]* **SIGNATURE REQUIRED** Feb. 05, 1999 561-231-4135
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)