

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90492 022 ****61.25

DOCUMENT # 757979

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2413745**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	JORDAN, JACK	
STREET ADDRESS	536 S. MIRROR LAKE DR.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
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 type="checkbox"/> Delete
NAME	LIVINGSTON, RUTH	
STREET ADDRESS	1576 SMUGGLERS COVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROTHWELL, PATRICIA	
STREET ADDRESS	1984 OCEAN RIDGE CIRCLE	
CITY-ST-ZIP	VERO BEACH FL 32963	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	692 COLLIER LAKE CIRCLE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	MARTIN, MARY
CITY-ST-ZIP	1405 82 AVE. # 231 VERO BEACH, FL 32960

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann St. Pierre* **Ann St. Pierre Feb. 21, 2001** **231-4135**

CR2E037 (10/00)