


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004 8:00 am
Secretary of State

01-07-2004 90027 038 ****61.25

DOCUMENT # 757979

1. Entity 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**

44000126



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01042004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**O'NEILL, EUGENE J
 979 BEACHLAND BLVD
 VERO BEACH, FL 32963**

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JORDAN, JACK	
STREET ADDRESS	692 COLLIER LAKE CIRCLE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAURD, DELLA M	
STREET ADDRESS	4765 50TH DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAURO, JOSEPH	
STREET ADDRESS	2305 46TH AVE	
CITY-ST-ZIP	VERO BEACH, FL	
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 type="checkbox"/> Delete
NAME	MARTIN, MARY	
STREET ADDRESS	1405 82 AVENUE # 231	
CITY-ST-ZIP	VERO BEACH, FL 32960	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mauro, Della M	
STREET ADDRESS	Vero Beach Fl 32967-0991	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4765 50th Dr	
CITY-ST-ZIP	Vero Beach Fl 32967-0991	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	258 Blue Heron Dr	
CITY-ST-ZIP	Vero Beach Fl 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	655 40th Av SW	
CITY-ST-ZIP	Vero Beach Fl 32968-4016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Della M. Mauro **Della M. Mauro, Treasurer** January 4, 2004 **772 770 3607** Daytime Phone #