FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 10 PM 1:53

DOCUMENT # **762523** **(9)**

1. Corporation Name
PINELLAS COUNTY RIGHT TO LIFE, INC.

Principal Place of Business	Mailing Address
507 S.PROSPECT AVENUE CLEARWATER FL 34616	507 S.PROSPECT AVENUE CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1982
3a. Date of Last Report: 05/16/1994
4. FEI Number: 59-2181412 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALISKY, JAN G 507 SOUTH PROSPECT AVENUE CLEARWATER FL 34616	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	T	1.1 TITLE	V.	☐ Change ☒ Addition
NAME	TALSNESS, PATRICIA	1.2 NAME	KEY, R. MICHAEL	
STREET ADDRESS	426 C 2ND AVE	1.3 STREET ADDRESS	2750 Peachtree Circle	
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	HALISKY, JAN G	2.2 NAME		
STREET ADDRESS	305 ORANGEWOOD AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, CHRISTOPHER G	3.2 NAME		
STREET ADDRESS	5847 HARRISON ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	ASKINS, LAURA	4.2 NAME		
STREET ADDRESS	1629 MONTEREY DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, CHRISTOPHER G	5.2 NAME		
STREET ADDRESS	5847 HARRISON ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: L. D. Halisky April 5, 1995 (813)461-4234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #