## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

Sulte, Apt. #, etc.

City & State

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(9)

## PINELLAS COUNTY RIGHT TO LIFE, INC.

Country

| Principal Place of Business                   | Malling Address                                   |  |  |  |  |
|---|---|--|--|--|--|
| 507 S.PROSPECT AVENUE<br>CLEARWAYER FL \$4616 | 507 S.PROSPECT AVENUE<br>CLEARWATER FL 34616-5625 |  |  |  |  |
| 2. Principal Piace of Business                | 2a. Mailing Address                               |  |  |  |  |

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Suite, Apt. #, etc.

City & State

**FILED** Apr 09 1997 8:00am Secretary of State



3a. Date of Last Report 05/01/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 03/19/1982

59-2181412

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

| Zip   | Country  | Zip   | Cour                 | ntry      | try  |  | 8. This corporation has liability for intangible tax under s. 199.032,   |          |  |  |
|---|--|---|----------------------|-----------|--|--|--|----------|--|--|
| 24  | 25   | 29  | 30                   |           |  |  | Florida Statutes   |          |  |  |
| 9. Name and Address of Current Registered Agent   |  |   |                      |           |  | 10. Name and Address of New Registered Agent |  |          |  |  |
|   |  | •   | Į,                   | 81        | Name   |  |  | ļ        |  |  |
| HALISKY, JAN G<br>507 SOUTH PROSPECT AVENUE   |  |   | 1                    | 82        | Street Address (P.O. Box Number is Not Acceptable) |  |  |          |  |  |
|   |  |   | L                    |           |  |  |  |          |  |  |
| CLEAR   | NATER FL 34616   |   | }                    | 83        |  |  |  | ì        |  |  |
|   |  |   | H                    | 84        | City   |  | 85 Zip Code  | Ⅎ        |  |  |
|   |  |   | ľ                    |           | Ony  |  | FL   S   E   C   C   C   C   C   C   C   C   C   | -        |  |  |
| 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 .   |  |   |                      |           |  |  |  | ł        |  |  |
|   | Signature, typed or printed name of registered agen  |   |                      | Agen      | it signature re                                    | quired w                                     | when reinstating)  DATE  ADDITION OF TAXABLE PRINT OF TAX | 4        |  |  |
| 12.   | OFFICERS AND   | DIRECTORS   | 13.                  |           | <del></del>  |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition   | Н        |  |  |
| TITLE   | TALONICO DATOIOIA  | □ ottet   | 1.1 101              |           | ŀ  |  | Change [1] Addition  | <b>'</b> |  |  |
| NAME  | TALSNESS, PATRICIA   |   | 1.2 NAI              |           |  |  |  | 1        |  |  |
| STREET ADDRESS  | 426 C 2ND AVE  |   |                      |           | ADDRESS  |  | •  | Ţ        |  |  |
| CITY-ST-ZIP   | DUNEDIN FL 34698   | Delete  | 1.4 CIT              |           | - ZIP  |  | Dotary D Address   | 4        |  |  |
| TITLE   | PD   | ☐ DELETE  | 2 1 TITE             |           | 1  |  | ☐ Change ☐ Addition  | Ί.       |  |  |
| NAME  | HALISKY, JAN G   |   | 2.2 NA               |           |  |  |  | 1        |  |  |
| STREET ADDRESS  | 305 ORANGEWOOD AVE   |   |                      |           | ADDRESS  |  |  | - [      |  |  |
| CITY-ST-ZIP   | CLEARWATER FL 34615  | Dones   | 2. 4 CIT             |           | I-ZIP  |  |  | 4        |  |  |
| TITLE   | S ANTIES OUDIOYODUES O   | DELETE  | 3 1 THE              |           | - {  |  | Change L Addition  | 1        |  |  |
| NAME  | MILLER, CHRISTOPHER G  |   | 3.2 NAI              |           |  |  |  | -        |  |  |
| STREET ADDRESS  | 5847 HARRISON ST   |   | 1                    |           | ADDRESS  |  |  | - [      |  |  |
| CITY-SY-ZIP   | NEW PORT RICHEY FL 34653   |   | 3.4. CIT             |           | r-ZIP  |  |  | 4        |  |  |
| TITLE   | V  | ☐ DELETE  | 4 1 1110             |           | 1  |  | Change [_] Addition  | Ί.       |  |  |
| NAME  | ASKINS, LAURA  |   | 4. 2 NA              | ΜE        | -  |  |  | 1        |  |  |
| STREET ADDRESS  | 1629 MONTEREY DR.  |   | 4.3 STR              | REET #    | ADDRESS  |  |  |          |  |  |
| CITY-ST-ZIP   | CLEARWATER FL 34615  |   | 4.4 CIT              |           | - ZIP  |  |  | 4        |  |  |
| TITLE   | D  | DELETE  | 5.1 THE              |           | ľ  |  | Change [_] Addition  | ۱,       |  |  |
| NAME  | MILLER, CHRISTOPHER G  |   | 5.2 NAN              | VIE.      | ļ  |  |  | ı        |  |  |
| STREET ADDRESS  | 5847 HARRISON ST   |   | 5.3 STR              | REET A    | ADDRESS  |  |  | ı        |  |  |
| CITY-ST-ZIP   | NEW PORT RICHEY FL 34653   |   | 5.4 CIT              |           | - ZIP  |  |  | 4        |  |  |
| TITLE   | V  | ☐ DELETE  | 6.1 TITU             | .E        | - 1  |  | Change Addition  | ۱,       |  |  |
| NAME  | KEY, R. MICHAEL  |   | 6.2 NAM              | MΕ        |  |  |  |          |  |  |
| STREET ADDRESS  | 2750 PEACHTREE CIR   |   | 6,3 \$1A             | EET A     | LDDRESS  |  |  | -        |  |  |
| CITY-ST-ZIP   | CLEARWATER FL  |   | 6.4 CIT              |           |  |  |  |          |  |  |
| l am an of  | by certify that the information supplied<br>in indicated on this annual report or it<br>filter or director of the corporation or t<br>in Block 12 or Block 13 if changed, or | he receiver or trustee empow<br>on an attag iment with an add | ered to ex<br>Iress. | kecu<br>⊿ | ite this rep                                       | oort as                                      | n Section 119.07(3)(i). Florida Statutes. I further certify that the py signature shall have the same logal effect as if made under oath; the as required by Chapter 617, Fiorida Statutes; and that my name   | at       |  |  |