## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

(9)

FILED	
May 12 1998 8:00am	1
Secretary of State	

PINELL	AS COUNTY RIGHT TO LIFE	E, INC.					
Principal Place	of Business	Mailing Address			1 (62)() 10010 01110 14001 01110 11009 1111 01011	BIEN BIBN BIBN DIEN B	1811 (881
\$07 \$.PROSPECT AVENUE 507 S.PROSPECT AVENUE CLEARWATER FL 34616 CLEARWATER FL 34616					3. Date incorporated or Qualified 03/19/1982 4. FEI Number	Applie	d For
					59-2181412	<del>)   - </del>	oplicable
2. Principal Place of Business 2a. Mailing Address 21					6. Certificate of Status Desired	\$8.75 Addi	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00 May	
27					Trust Fund Contribution	Added to Fe	<b>es</b>
City & State	3	<b>⊢</b> ′	City & State		7. Is this nonprofit corporation a homeowr	ners association?	
Zip         Country		Zip Country		8. This corporation owes or has paid the o	<del></del>	ible	
24	25	<b>├</b> ─ `	90		Personal Property Tax due June 30.	Yes 🗷 N	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent	
			81	Name			
HALISKY, JAN G			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	JTH PROSPECT AVENUE /ATER FL 34616		83	<del> </del>			
CLEANT	MIER FL 340 10						
			84	City	F	L 85 Zip Cod	6
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abov	e-named co	orporation submits this statement for the purpose	of changing its re	gistered
agent. I a	egistered agent, or both, in the State of the obligation of the ob	tions of, Section 617.0503, Flor	ida Statute	y ine corpo s.	ration's board of directors. I hereby accept the a	ppointment as regi	istered
SIGNATURE							
12.	Signature, typed or printed name of registered agon OFFICERS AND		Hegistered Ag	eni signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS A		J 12
TITLE	T OFFICERS AND	DELETE	1.1 TITLE	· · · I	ADDITIONS OF PROCESS AS		Addition
NAME			1.2 NAME				
STREET ADDRESS	400 0 010 1100		1.3 STREE	7 ADDRESS			
CITY-ST-ZIP	MILLIPOLITY ALLON		1.4 CITY-	ST-ZIP			
TITLE	PD	DELETE	2.1 TITLE			☐ Change ☐	Addition
NAME	HALISKY, JAN G		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34615	DELETE	2. 4 CITY-	ST-ZIP	<u> </u>	☐ Change ☐	Addition
TITLE			3.1 TITLE 3.2 NAME			L CHAINGE L	_ 100111011
NAME STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		3.4, CITY-				
TITLE	T DELETE		4.1 TITLE			Change	Addition
NAME	4 A 1 M 1 A 1 M 1		4. 2 NAME				
STREET ADDRESS	s 1629 MONTEREY DR. 44		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CHY-	ST-ZIP			1
TITLE	D	☐ D€LETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	AIRW BODT DIOLICY EL ALOCA			T ADDRESS			
CITY-ST-ZIP			5.4 CRTY-1	S1-ZIP		Change _	Addition
TITLE Name	Tempo m Angeleami		6.2 NAME				_ , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	2750 PEACHTREE CIR			T ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-				
		h this filing does not suplify for			in Section 119 07/3\/ii) Florida Statutes I further	cortify that the info	rmation

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

(813) 461-4234