FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 762523**

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

Principal Place of Business 507 S.PROSPECT AVENUE CLEARWATER FL 94616 33756

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

507 S.PROSPECT AVENUE

CLEARWATER FL 34616- 33756

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90082 007 ****61.25



3. Date incorporated or Qualifed

03/19/1982 4. FEI Number

59-2181412

22		27				59-218	31412			Not Applicable
City & Stat	e	City & State				5. Certifcat	e of Status Desired			Additional Required
Zip	Country	Zip		ountry		ŧ.	Campaign Financing	·	\$5.0	0 May Be
24	25	29	30	_			nd Contribution	Denistand 6		d to Fees
	9. Name and Address of Current	Registered Agent		81	Name	10. Name a	nd Address of New	Registered A	.gent	
				"	Name					
HALISKY.	JAN G			82	Street A	ddress (P.O. Box I	Number is Not Accep	table)		
507 SOUT	H PROSPECT AVENUE									
CLEARWA	TER FL 34616 33756			83						
				84	City				85 Z	p Code
	TO ME THE WAY TO							<u> </u>	حلل	
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State our familiar with, and accept the obligation of the state of the stat	f Florida. Such change wons of, Section 617.0503	as authoriz I, Florida St	ed by tatutes.	the corpo	ration's board of di	rectors. I nereby aco	DATE	ment as	registered
12.	OFFICERS AND DIRECTORS			3.		ADDITIO	NS/CHANGES TO O	FFICERS ANI	DIREC	
TITLE	☐ DELETE		E 1,1	1,1 TITLE		D			Chang	e 🖈 Addition
NAME	TALSNESS, PATRICIA	LSNESS, PATRICIA		12 NAME St		Steven L	. Talsnes	s		
STREET ADDRESS	l		1.3	STREET	ADDRESS	426 C 2n	d Avenue			
CITY-ST-ZIP	DUNEDIN FL 34698		1.4	CITY-ST	-ZIP		FL 3469	8		
TITLE	PD	☐ DELET	E 2.1	TITLE				_	Chang	je 🗌 Addition
NAME	HALISKY, JAN G		2.2	NAME	1					
STREET ADDRESS			2.3	STREET	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34615		2	2.4 CITY-ST-ZIP						
TITLE	S	☐ DELET	TE 3.1 TIT						Chang	ge
NAME	MILLER, CHRISTOPHER G		3.2	NAME	ŀ					
STREET ADDRESS			3.3	STREET	ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		3.4	I. CITY-S	T-ZIP					
TITLE	V	☐ DELET	E 4.1	TITLE					☐ Chang	ge 🔲 Addition
NAME	ASKINS, LAURA		4.1	2 NAME						
STREET ADDRESS			4.3	STREET	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34615		4.4	CITY-ST	-ZiP					
TITLE	D	☐ DELET	E 5.1	TITLE					☐ Chang	e Addition
NAME	MILLER, CHRISTOPHER G		5.2	NAME	ļ					
STREET ADDRESS	5847 HARRISON ST		5.3	STREET	ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		5.4	4 CFTY-ST	r-ZIP					
TITLE: 13.		☐ D€LET	E 6.1	TITLE					☐ Chang	ge Addition
NAME S S S S	KEY, R. MICHAEL		6.2	NAME	l					
2 40 4	2750 PEACHTREE CIR		6.3	STREET	ADDRESS					
CITY-ST-ZIP	CLEARWATER EL			4 CITY-ST		1- 011140 070	2)(i) Florida Out 1	I 6 mb a a a a	:6. 4h a 4 1L	- information
14. I hereby	certify that the information supplied with	this filing does not quali	ify for the e	xempti	on stated	in Section 119.07(3)(i), Florida Statutes	i. I Turther cert	iry that th	e 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 it made under oath; that I am all 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, with all other like empowered.

Applied For

Not Applicable

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