## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

## Feb 09, 2004 8:00 am Secretary of State **DOCUMENT # 762523** 1. Entity Name 02-09-2004 90027 001 \*\*\*\*61.25 PINELLAS COUNTY RIGHT TO LIFE, INC. Principal Place of Business Mailing Address 507 S.PROSPECT AVENUE 507 S.PROSPECT AVENUE CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2181412 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALISKY, JAN G 507 SOUTH PROSPECT AVENUE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33756** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition AKERS, MAURA NAME NAME 880 MANDALAY AVENUE #412 SOUTH STREET ADDRESS STREET ADDRESS CLEARWATER BEACH FL 33767 CITY-ST-7IP CITY-ST-ZIP PD TITLE ☐ Delete ☐ Change ☐ Addition HALISKY, JAN G NAME 305 ORANGEWOOD AVE STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33755** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MILLER, CHRISTOPHER G NAME NAME 5847 HARRISON ST STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TALSNESS, PATRICIA NAME 426 C 2ND AVENUE STREET ADDRESS STREET ADDRESS **DUNEDIN FL 34698** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MILLER, CHRISTOPHER G NAME NAME 5847 HARRISON ST STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 City-St-7IP CITY-ST-ZIP TITLE Delete ☐ Change TITLE **Addition** KEY, R. MICHAEL NAME NAME Olden, Elisabeth 2750 PEACHTREE CIR STREET ADDRESS STREET ADDRESS 6466 - 81st Avenue North GLEARWATER FL 39761 CITY-ST-7IP 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: DIRECTOR Fibruary 2, 2004

Pinellas Park, FL

FILED