## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#762523**

FILED Feb 13, 2009 Secretary of State

Entity Name: PINELLAS COUNTY RIGHT TO LIFE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 507 S.PROSPECT AVENUE CLEARWATER, FL 33756 **Current Mailing Address: New Mailing Address:** 507 S.PROSPECT AVENUE CLEARWATER, FL 33756 FEI Number: 59-2181412 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALISKY, JAN G 507 SOUTH PROSPECT AVENUE CLEARWATER, FL 33756 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete AKERS, PATRICK Name: Name: 1451 GULF BLVD 110 Address: Address: City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: Title: PD ( ) Delete Title: () Change () Addition HALISKY, JAN G, Name: Name: Address: 305 ORANGEWOOD AVE Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MILLER, CHRISTOPHER G Name: MILLER, CHRISTOPHER G Name: 5847 HARRISON ST Address: Address: 36750 US 19, #2180 City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: PALM HARBOR, FL 34684 Title: TD Title: () Change () Addition ( ) Delete Name: TALSNESS, PATRICIA Name: 426 C 2ND AVENUE Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MILLER, CHRISTOPHER G MILLER, CHRISTOPHER G Name: Name: 5847 HARRISON ST 36750 US 19, #2180 Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: PALM HARBOR, FL 34684 Title: ( ) Delete Title: () Change () Addition OLDEN, ELISABETH Name: Name: Address: 6466 81ST AVE. N. Address: SAINT PETERSBURG, FL 33784 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN G HALISKY PD 02/13/2009