

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 770334 (1)**

1. Corporation Name

**RIGHT TO LIFE OF NORTHEAST FLORIDA, INC.**



Principal Place of Business

Mailing Address

6316 SAN JUAN AVE.  
SUITE 13B  
JACKSONVILLE FL 32210-2883

6316 SAN JUAN AVE.  
SUITE 13B  
JACKSONVILLE FL 32210-2883

3. Date Incorporated or Qualified

09/22/1983

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSTON, BETTY C  
6316 SAN JUAN AVE.  
SUITE 13B  
JACKSONVILLE FL 32210-2883

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME PD  
JOHNSTON, BETTY C  
STREET ADDRESS 217 DRURY ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32218

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME VD  
GAUDRY, KAREN  
STREET ADDRESS 5150 MARLENE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32210

2.2 NAME Tyson, Carol  
2.3 STREET ADDRESS 1803 Woffard Street  
2.4 CITY-ST-ZIP Jacksonville, FL 32218

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME STD  
TYSON, CAROL  
STREET ADDRESS 1803 WOFFARD ST.  
CITY-ST-ZIP JACKSONVILLE FL 32218

3.2 NAME S/D Lambert, Rebecca J.  
3.3 STREET ADDRESS 3946 St. Johns Ave. #17-C  
3.4 CITY-ST-ZIP Jacksonville, FL 32205

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME Swain, Connie  
4.3 STREET ADDRESS 7816 Alderman Road  
4.4 CITY-ST-ZIP Jacksonville, FL 32211

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Betty Johnston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

904/695-2207

Date

Daytime Phone #

CR2E037 (12/95)