

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90021 030 ****61.25

DOCUMENT # 770334

1. Corporation Name

RIGHT TO LIFE OF NORTHEAST FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/22/1983

4. FEI Number

59-2566520

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **VD**
TYSON, CAROL
STREET ADDRESS **1803 WOFFARD ST**
CITY-ST-ZIP **JAX FL**

TITLE ☒ DELETE

NAME **SD**
LAMBERT, REBECCA J
STREET ADDRESS **3946 ST JOHNS AVE 17-C**
CITY-ST-ZIP **JAX FL**

TITLE ☒ DELETE

NAME **TD**
SWAIN, CONNIE
STREET ADDRESS **7816 ALDERMAN RD**
CITY-ST-ZIP **JAX FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD
Judy Hill
1849 HARVESTER ST.
JACKSONVILLE, FL. 32210

SD
KAREN GAUDRY
5150 MARLENE DRIVE
JACKSONVILLE, FL. 32210

14. 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 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, with all other like empowered.

SIGNATURE:

30.00 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (904) 783-0360
Date Daytime Phone #

CR2E037 (11/98)

0005216