

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770334

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2566520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE S/T/D
NAME Frances Dees
STREET ADDRESS 1411 Gailwood Cr. No.
CITY-ST-ZIP Jacksonville, FL 32218 ☒ Change ☐ Addition

TITLE VD
NAME TYSON, CAROL
STREET ADDRESS 1803 WOFFARD ST
CITY-ST-ZIP JAX FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME HILL, JUDY
STREET ADDRESS 1849 HARVESTER ST
CITY-ST-ZIP JACKSONVILLE FL 32210 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME GAUDRY, KAREN
STREET ADDRESS 5150 MARLENE DR
CITY-ST-ZIP JACKSONVILLE FL 32210 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Frances Dees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/01 904-757-7404

Date

Daytime Phone #

0011773

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

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