

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 770334

1. Entity Name
RIGHT TO LIFE OF NORTHEAST FLORIDA, INC.



Principal Place of Business
**6316 SAN JUAN AVE.
SUITE 138
JACKSONVILLE, FL 32210-2883**

Mailing Address
**PO BOX 18004
JACKSONVILLE, FL 32229**

DO NOT WRITE IN THIS SPACE



08102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2566520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TYSON, CAROL
1803 WOFFORD AVE
JACKSONVILLE, FL 32218**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TYSON, CAROL 1803 WOFFORD AVE JACKSONVILLE, FL 32218
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WOFFORD, WILLIAM 6528 COLUMBIA DR JACKSONVILLE, FL 32211
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PHOENIX, NICK 6298 58TH ST JACKSONVILLE, FL 32208
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

U00000170055
08/13/04-80002-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

Nick Phoenix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-04

(904) 265-5502