

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770334

FILED
Apr 24, 2006
Secretary of State

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

Current Principal Place of Business:

85195 WINONA BAYVIEW RD.
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

PO BOX 18004
JACKSONVILLE, FL 32229

New Mailing Address:

FEI Number: 59-2566520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYSON, CAROL
85195 WINONA BAYVIEW RD.
YULEE, FL 32097 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: TYSON, CAROL
Address: 85195 WINONA BAYVIEW RD
City-St-Zip: YULEE, FL 32097

Title: VD () Delete
Name: WOFFORD, WILLIAM
Address: 6528 COLUMBIA DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: STD () Delete
Name: PHOENIX, NICK
Address: 6298 58TH ST
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL TYSON

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date