

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90161 017 \*\*\*\*61.25

**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

**P.O. Box 18004**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

Country

Zip

Country

**32210-2883 U.S.**

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

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

7. Name and Address of New Registered Agent

Name **Carol Tyson**

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

**1803 Wofford Ave**

City

**Jacksonville**

**FL**

Zip Code

**32218**

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 **Carol Tyson, President**

(NOTE: Registered Agent signature required when reinstating)

**02-19-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSTON, BETTY C</b>	
STREET ADDRESS	<b>217 DRURY ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TYSON, CAROL</b>	
STREET ADDRESS	<b>1803 WOFFORD ST</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEES, FRANCES</b>	
STREET ADDRESS	<b>1411 GAILWOOD CR NORTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carol Tyson</b>	
STREET ADDRESS	<b>1803 Wofford Ave</b>	
CITY-ST-ZIP	<b>Jacksonville FL 32218</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William Wofford</b>	
STREET ADDRESS	<b>6528 Columbine Dr</b>	
CITY-ST-ZIP	<b>Jacksonville FL 32211</b>	
TITLE	<b>STD Nick Phoenix</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1629 E 58th St</b>	
STREET ADDRESS	<b>Jax FL 32208</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SICAROLINE SEQUENTIA**

**02-19-03 904-696-7502**

CR2E037 (10/02)