

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

05 SEP -7 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # 771025

1. Entity Name  
BIG BEND RIGHT TO LIFE, INC.

Principal Place of Business  
501 E COLLEGE AVE  
TALLAHASSEE, FL 32301

Mailing Address  
P.O. BOX 12967  
TALLAHASSEE, FL 32317



09072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2519385

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, CAROLE  
2601 KILLARNEY WAY  
TALLAHASSEE, FL 32309

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 Carole Griffin  
Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE Sept 6, 2005

Filing Fee is \$61.25  
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GRIFFIN, CAROLE A.  
STREET ADDRESS 2601 KILLARNEY WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE VD  
NAME BOWLING, BILL  
STREET ADDRESS 3783 STIRLING CT  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D  
NAME BOTTCHER, ROSEMARY O  
STREET ADDRESS RT 3 BOX 23  
CITY-ST-ZIP MONTICELLO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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DO NOT WRITE  
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K. Eckel SEP - 7 2005

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: Carole A. Griffin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 6, 2005 850)893-1843  
Date Daytime Phone #