

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02263 (4)

1. Corporation Name

RIGHT TO LIFE OF LEE COUNTY, INC.

Principal Place of Business

4720 S. E. 15TH AVENUE #103
CAPE CORAL FL 33904

Mailing Address

4720 S. E. 15TH AVENUE #103
CAPE CORAL FL 33904



3. Date Incorporated or Qualified
03/28/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, KATHERINE A
5145 SANTA ROSA COURT
CAPE CORAL FL 33904**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE

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

Katherine A. Miller Executive Director

4/9/96

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MILLER, KATHERINE A
STREET ADDRESS 5145 SANTA ROSA CT
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

1.1 TITLE D
1.2 NAME Miller, Katherine A
1.3 STREET ADDRESS (same)
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VPD
NAME SMITH, LEO
STREET ADDRESS 57 TIMBERLAND CIR S
CITY-ST-ZIP FT MYERS FL

☒ DELETE

2.1 TITLE VPD
2.2 NAME Yankopoulos, Konnie
2.3 STREET ADDRESS 5574 Shaddelee Ln
2.4 CITY-ST-ZIP Ft. Myers, FL 33919

☐ Change ☒ Addition

TITLE TD
NAME AMBROSIO, DOT
STREET ADDRESS 908 SE 24TH ST
CITY-ST-ZIP CAPR CORAL FL

☒ DELETE

3.1 TITLE TD
3.2 NAME Holmlund, Toni
3.3 STREET ADDRESS 1335 S.E. 3rd St
3.4 CITY-ST-ZIP Cape Coral, FL 33990

☐ Change ☒ Addition

TITLE SD
NAME REILLY, BERNADETTE
STREET ADDRESS P O BOX 34
CITY-ST-ZIP CAPTIVA FL

☐ DELETE

4.1 TITLE PD
4.2 NAME Reilly, Bernadette
4.3 STREET ADDRESS (same) (lives on board)
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME STRAYHORN, GUY
STREET ADDRESS 12314 RIVERROAD
CITY-ST-ZIP FT MYERS FL

☐ DELETE

5.1 TITLE D
5.2 NAME Strayhorn, Guy
5.3 STREET ADDRESS (same)
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DUFNER, MARY
STREET ADDRESS 979 E GULF DR
CITY-ST-ZIP SANIBEL FL

☐ DELETE

6.1 TITLE SD
6.2 NAME DuSner, Mary
6.3 STREET ADDRESS (same)
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Katherine A. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine A. Miller 4/9/96 (941) 542-5433

Date

Daytime Phone #

CR2E037 (12/95)