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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33904-9663
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified 03/28/1984	3a. Date of Last Report 04/17/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name: Bernadette Reilly
82 Street Address (P.O. Box Number is Not Acceptable): 1725 Main St
83 City: Ft Myers Beach
84 City: FL 85 Zip Code: 33931**

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 617.0503, Florida Statutes.

SIGNATURE: *Bernadette Reilly* DATE: **4/10/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, KATHERINE A	
STREET ADDRESS	5145 SANTA ROSA CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	YANKOPOLUS, KONNIE	
STREET ADDRESS	5574 SHADDELEC LN	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOLMLUND, TONI	
STREET ADDRESS	1335 SE 3RD ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REILLY, BERNADETTE	
STREET ADDRESS	P O BOX 34	
CITY-ST-ZIP	CAPTIVA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRAYHORN, GUY	
STREET ADDRESS	12314 RIVERROAD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUFNER, MARY	
STREET ADDRESS	979 E GULF DR	
CITY-ST-ZIP	SANIBEL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Morley
2.3 STREET ADDRESS	2674 WINKLER AVE 106
2.4 CITY-ST-ZIP	Ft Myers Florida 33901
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Paul Shoot
3.3 STREET ADDRESS	5232 SW 10th Ave
3.4 CITY-ST-ZIP	Cape Coral Florida 33914
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Reilly, Bernadette
4.3 STREET ADDRESS	1725 Main St
4.4 CITY-ST-ZIP	Ft Myers Beach
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Strayhorn, Guy
5.3 STREET ADDRESS	(same)
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dufner, Mary
6.3 STREET ADDRESS	(same)
6.4 CITY-ST-ZIP	

14. I do 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 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: *Bernadette Reilly* DATE: **4/10/97**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (9/96)