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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

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

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

3. Date Incorporated or Qualified

03/28/1984

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

25

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REILLY, BERNADETTE
1725 MAIN ST
FT MYERS FL 33931**

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MILLER, KATHERINE A**
STREET ADDRESS **5145 SANTA ROSA CT**
CITY-ST-ZIP **CAPE CORAL FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MORLEY, ROBERT**
STREET ADDRESS **2674 WINKLER AVE, 106**
CITY-ST-ZIP **FT MYERS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **HOLMLUND, TONI**
STREET ADDRESS **1335 SE 3RD ST**
CITY-ST-ZIP **CAPE CORAL FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TD**
3.3 STREET ADDRESS **Paul Shoot**
3.4 CITY-ST-ZIP **5233 SW 10th Ave**
Cape Coral FL 33914

TITLE **PDM** ☐ DELETE
NAME **REILLY, BERNADETTE**
STREET ADDRESS **1725 MAIN ST**
CITY-ST-ZIP **FT MYERS BCH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **DUFNER, MARY**
STREET ADDRESS **979 E GULF DR**
CITY-ST-ZIP **SANIBEL FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/98 (941) 542-5433
DATE DAYTIME PHONE #

CR2E037 (10/97)