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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90145 050 \*\*\*\*61.25

DOCUMENT # N02263

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/28/1984

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

REILLY, BERNADETTE  
1725 MAIN ST  
FT MYERS FL 33931

10. Name and Address of New Registered Agent

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

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

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

TITLE TD  
NAME PAUL SHOOT  
STREET ADDRESS 5233 SW 10TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33914

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

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

TITLE SD  
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 Ray Stenkiewicz  
1.2 NAME 3906 Broadway #4  
1.3 STREET ADDRESS Ft Myers FL 33901  
1.4 CITY-ST-ZIP

2.1 TITLE Lynn Burdette  
2.2 NAME 15291 Sam Sneed Ln  
2.3 STREET ADDRESS Ft Myers FL 33903  
2.4 CITY-ST-ZIP

3.1 TITLE Suzanne Specht  
3.2 NAME 14500 Summerlin Trail Ct  
3.3 STREET ADDRESS Ft Myers FL 33919  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE  
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)(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, with all other like empowered.

SIGNATURE:

PAUL SHOOT TRES. 1/21/99 542-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)