## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N02263

1. Corporation Name

RIGHT TO LIFE OF LEE COUNTY, INC.

Principal Place of Busines	55
4720 S. E. 15TH AVENUE	#103
CAPE CORAL FL 33904	

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

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

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

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



3. Date Incorporated or Qualifed

NOT APPLICABLE

03/28/1984

4. FEI Number

2p   Country   Zip   Country   St.   Election Campaign Financing   St. 00 May Be   Added to Fees	City & State	•	City &	State			5. Certifcate of Stat	us Desired		40.13 A	1	
3. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Sirved Address (P.O. Box Number is Not Acceptable)  9. Sirved Address (P.O. Box Number is Not Acceptable)  9. Sirved Address (P.O. Box Number is Not Acceptable)  9. Sirved Address (P.O. Box Number is Not Acceptable)  9. Sirved Address (P.O. Box Number is Not Acceptable)  9. Sirved Address (P.O. Box Number is Not Acceptable)  9. Sirved Address (P.O. Box Number is Not Acceptable)  9. Sirved Address (P.O. Box Number is Not Acceptable)  9. Sirved Address (P.O. Box Number is Not Acceptable)  9. Sirve	:3		28							Fee Rec	quirea	
9. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 817,0502 and 817,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, Thereby accept the appointment as registered agent, and the provisions of Sections 817,0502 and 817,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered ordice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, Thereby accept the appointment as registered agent, and minister with, and accept the obligations of, Section 617,6503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent, and the purpose of changing is registered ordice or registered agent, and the purpose of changing is registered agent, and the purpose of changing is registered ordice or registered agent, and the purpose of changing is registered ordice or registered agent, and the purpose of changing is registered ordice or registered agent, and the purpose of changing is registered ordice or registered agent, and the purpose of changing is registered ordice or registered agent, and the purpose of changing is registered ordice or registered agent, and the purpose of changing is registered ordice or registered agent, and the purpose of changing is registered ordice or registered agent, and the purpose of changing is registered ordice or registered agent, and the purpose of changing is registered ordice or registered agent, and the purpose of changing is registered ordice or registered ordice or registered agent, and the purpose of changing is registered ordice or registered ordice or registered ordice or registered ordice or registered	Zip	Country	Zip	Zip Country			6. Election Campaig	n Financing	П	¥ = · ·	,	
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REILLY, BERNADETTE 1725 MAIN ST FT MYERS FL 33931  82		9. Name and Address of Current I	Registered A	gent			10. Name and Addr	ess of New F	legistered .	Agent		
17.25 MAIN ST FT MYERS FL 33931  Ba City FL B5 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 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, and accept the obligations of, Section 617,0502, Plorida Statutes.  SIGNATURE Signature, hyeld or printed reare of registered agent and the flopiciate.  NOTE: Registered Apert signature registered agent and the flopiciate.  NOTE: Registered Apert signature registered when retirectance]  D					81	Name						
17.25 MAIN ST FT MYERS FL 33931  Ba City FL B5 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 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, and accept the obligations of, Section 617,0502, Plorida Statutes.  SIGNATURE Signature, hyeld or printed reare of registered agent and the flopiciate.  NOTE: Registered Apert signature registered agent and the flopiciate.  NOTE: Registered Apert signature registered when retirectance]  D	DELLY PEDMADETTE					82 Street Address (P.O. Box Number is Not Acceptable)						
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### City ### FL   85 Zip Code   ### City ### Code   ##					83							
T1. Pursuant to the provisions of Sections 617.0502 and 617.1608, Riorida 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 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 age	ri mireno	) FE,33931				<del> </del>				as Zin C	odo.	
office or registered agent, or both, in the State of Finda, Such change was authorized by the corporation's board of directors. Thereby decept the expolations of agent, I am familiar with, and accept the obligations of, Section 617.0505, Profide Statutes.  SIGNATURE  3[gradum, Speed or printed name of registered agent and the 4 applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  OFFICERS AND DIRECTORS IN 12  12. NAME  STREET ADDRESS  TABLE TADRESS  STREET ADDRESS  TOTAL TO THE CONTROL TO					84	City			FL	65   Zip C	,00 <del>8</del>	
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SIGNATURE    Signature, Typed or printed name of impostered agent and title if application.   NOTE: Registered Agent algorithms required when recistating)   DATE	office or o	egistered agent, or both, in the State of	Florida, Such	i change was auth	onzea by	the corbo	oration's board of directors. I	hereby accep	t the appoi	ntment as reg	gistered	
Signaturus, Speed or printed rame of ingulations. (NOTE: Registered Agent days when required appelled a public of the required	agent. I a	m familiar with, and accept the obligation	ons of, Section	1 617.0503, Florida	a Statutes	i.					•	
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CITY-ST-ZIP SANIBEL FI. 64 CITY-ST-ZIP					6.3 STREE	TADDRESS						
131Y-S1-7P   DAINDLE FL		• .			6.4 CITY- 9	ST-ZIP						
	14. I hereby	pertify that the information supplied with	this filing doe	es not qualify for th			in Section 119.07(3)(i). Flo	rida Statutes.	I further cer	tify that the is	nformation	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 it 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:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS,

121/99

542-5433

Daytime Phone #

(2503/ (11/38)

Applied For

Not Applicable