

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02263

FILED
Sep 06, 2005
Secretary of State

Entity Name: RIGHT TO LIFE OF LEE COUNTY, INC.

Current Principal Place of Business:

12811 KENWOOD LN
STE 211
FORT MYERS, FL 33907

New Principal Place of Business:

P O BOX 6931
FORT MYERS, FL 33911

Current Mailing Address:

12811 KENWOOD LN
STE 211
FORT MYERS, FL 33907

New Mailing Address:

P O BOX 6931
FORT MYERS, FL 33911

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STRAYHORN, GUY
12314 RIVERWOOD
N FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDM () Delete
Name: REAVES, RIAN
Address: 1470 BRAMAN AVE.
City-St-Zip: FORT MYERS, FL 33901

Title: TD () Delete
Name: PISCITELLI, SUZI
Address: 4627 SW 6TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: BURDETTE, LYNN
Address: 15291 SAM SNEAD LN
City-St-Zip: FORT MYERS, FL 33917

Title: SD () Delete
Name: MCCOY, LINDA
Address: 3091 PACKINGHOUSE RD
City-St-Zip: ALVA, FL 339204031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SPECHT, SUZANNE
Address: 14520-8 SUMMERLIN TRACE CT.
City-St-Zip: FT. MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA O. MCCOY

SD

09/06/2005

Electronic Signature of Signing Officer or Director

Date