**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:48

DOCUMENT # N04209 (5)

1. Corporation Name

RIGHT TO LIFE OF PASCO COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7501 CANVASBACK DR<br>NEW PORT RICHEY FL 34654<br>US | P.O. BOX 631<br>PORT RICHEY FL 34673<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1984
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2644779 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

KOCZUR, HELEN F
7501 CANVAS BACK DR
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name: HELEN F. KOCZUR
82 Street Address (P.O. Box Number is Not Acceptable): 7501 CANVASBACK DR
83
84 City: NEW PORT RICHEY FL 85 Zip Code: 34654

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | P-T-D ☒ Change ☐ Addition |
| NAME | MIRABELLA, REGINA | 1.2 NAME | HELEN F. KOCZUR |
| STREET ADDRESS | 12860 HONEY BROOK DRIVE | 1.3 STREET ADDRESS | 7501 CANVASBACK DR |
| CITY-ST-ZIP | HUDSON FL | 1.4 CITY-ST-ZIP | NEW PORT RICHEY FL 34654 |
| TITLE | VST | 2.1 TITLE | V-D ☒ Change ☐ Addition |
| NAME | KOCZUR, HELEN F | 2.2 NAME | TERESA REYNOLDS |
| STREET ADDRESS | 7501 CANVASBACK DR. | 2.3 STREET ADDRESS | 12913 CEDAR RIDGE DR |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 2.4 CITY-ST-ZIP | HUDSON FL 34669-2771 |
| TITLE | D | 3.1 TITLE | S-D ☒ Change ☐ Addition |
| NAME | CONNORS, ANN | 3.2 NAME | GLORIA RODRIGUEZ |
| STREET ADDRESS | 7629 HATTERAS DR. | 3.3 STREET ADDRESS | 12913 CEDAR RIDGE DR |
| CITY-ST-ZIP | HUDSON FL | 3.4 CITY-ST-ZIP | HUDSON FL 34669-2771 |
| TITLE | VD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEWNES, JACKIE | 4.2 NAME | |
| STREET ADDRESS | 7501 CANVASBACK DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Helen F. Koczur HELEN F. KOCZUR 3/27/95 813 847-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097081