

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N04209

(5)

1. Corporation Name

RIGHT TO LIFE OF PASCO COUNTY, INC.



Principal Place of Business

7501 CANVASBACK DR
NEW PORT RICHEY FL 34654
US

Mailing Address

P.O. BOX 631
PORT RICHEY FL 34673
US

3. Date Incorporated or Qualified
07/17/1984

3a. Date of Last Report
04/07/1995

Principal Place of Business

6030 TENNESSEE
Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

Zip
34653

Country
US

Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

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

LORRIE LENAGHEN

82 Street Address (P.O. Box Number is Not Acceptable)

6030 TENNESSEE

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34653

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

Lorrie Lenaghen

LORRIE LENAGHEN P-T-O

3/11/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE SD
NAME RODRIGUEZ, GLORIA
STREET ADDRESS 12913 CEDAR RIDGE DR
CITY-ST-ZIP HUDSON FL

TITLE PTD
NAME KOCZUR, HELEN F
STREET ADDRESS 7501 CANVASBACK DR.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VD
NAME REYNOLDS, TERESA
STREET ADDRESS 12913 CEDAR RIDGE DR
CITY-ST-ZIP HUDSON FL

TITLE VD
NAME LEWNE, JACKIE
STREET ADDRESS 7501 CANVASBACK DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE PTD
2.2 NAME LORRIE LENAGHEN
2.3 STREET ADDRESS 6030 TENNESSEE
2.4 CITY-ST-ZIP NEW PORT RICHEY FL 34653

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME 3411 RANKIN DR
4.3 STREET ADDRESS NEW PORT RICHEY FL 34655
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 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: X

Lorrie Lenaghen

LORRIE
LENAGHEN

Date

Daytime Phone #

3/11/96 (813) 849-2498

CR2E037 (12/95)