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# Mar 02, 1999 8:00 am
# Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # N06104

1. Corporation Name

SARASOTA-MANATEE RIGHT TO LIFE, INC.

373965 - 90066 - 40

| Principal Place of Business | Mailing Address |
|---|---|
| % GERALD B KEANE<br>46 NO. WASHINGTON BLVD. SUITE 5<br>SARASOTA FL 34236 | % GERALD B KEANE<br>46 NO. WASHINGTON BLVD. SUITE 5<br>SARASOTA FL 34236 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>11/09/1984 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2481011 ☐ Applied For ☒ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Func Contribution ☐ $5.00 May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

KEANE, GERALD B
46 NO. WASHINGTON BLVD
SUITE 5
SARASOTA FL 34236-2928

**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 _____ 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 | VD | ☒ DELETE | 1.1 TITLE | VICE PRESIDENT ▷ | ☒ Change ☐ Addition |
| NAME | MILLER, SHERYL | | 1.2 NAME | STEFAN BUTZ | |
| STREET ADDRESS | 4040 PRADO DRIVE | | 1.3 STREET ADDRESS | 4819 San Jose Dr. | |
| CITY-ST-ZIP | SARASOTA FL | | 1.4 CITY-ST-ZIP | Sarasota FL 34235 | |
| TITLE | D | ☒ DELETE | 2.1 TITLE | Corresponding Secretary ▷ | ☒ Change ☐ Addition |
| NAME | GUDEMANN, MARGARET | | 2.2 NAME | Mary Deeds | |
| STREET ADDRESS | 2805 SEASPRAY ST | | 2.3 STREET ADDRESS | 4833 Stone Ridge Trail | |
| CITY-ST-ZIP | SARASOTA FL | | 2.4 CITY-ST-ZIP | Sarasota, FL 34232 | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JAKUBOWICZ, LYNN | | 3.2 NAME | | |
| STREET ADDRESS | 4616 HIDDEN FOREST DR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34235 | | 3.4 CITY-ST-ZIP | | |
| TITLE | ~~VD~~ Secretary | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SHUMARD, MILLIE | | 4.2 NAME | | |
| STREET ADDRESS | 4892 OAK POINTE WAY | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34233 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SHUMARD, RAY | | 5.2 NAME | | |
| STREET ADDRESS | 4892 OAK POINTE WAY | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34233 | | 5.4 CITY-ST-ZIP | | |
| TITLE | ~~SD~~ President | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PFLUG, JOAN | | 6.2 NAME | | |
| STREET ADDRESS | 3605 RIVEIRA DRIVE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34232 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** Lynn Jakubowicz SIGNATURE REQUIRED 2-5-99 922-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #