

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90018 038 ****61.25

DOCUMENT # N06104

1. Entity Name

SARASOTA-MANATEE RIGHT TO LIFE, INC.



Principal Place of Business Mailing Address
% GERALD B KEANE
46 NO. WASHINGTON BLVD, SUITE 5
SARASOTA FL 34236 % GERALD B KEANE
46 NO. WASHINGTON BLVD, SUITE 5
SARASOTA FL 34236

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2481011 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
- KEANE, GERALD B -
46 NO. WASHINGTON BLVD
SUITE 5
SARASOTA FL 34236-2928
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BUTZ, STEFAN		NAME	Flisk, Arlene	
STREET ADDRESS	4819 SAN JOSE DR		STREET ADDRESS	4106 24th Ave. W.	
CITY-ST-ZIP	SARASOTA FL 34235		CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	TD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	JAKUBOWICZ, LYNN		NAME	James Styer	
STREET ADDRESS	4616 HIDDEN FOREST DR		STREET ADDRESS	5233 Lake Village Dr.	
CITY-ST-ZIP	SARASOTA FL 34235		CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	CSD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SHUMARD, MILLIE		NAME	Buchnowski Teresa	
STREET ADDRESS	4892 OAK POINTE WAY		STREET ADDRESS	5792 Ferrara Dr.	
CITY-ST-ZIP	SARASOTA FL 34233		CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHUMARD, RAY		NAME		
STREET ADDRESS	4892 OAK POINTE WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	PFLUG, JOAN		NAME		
STREET ADDRESS	3605 RIVEIRA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP		
TITLE	Buchnowski Teresa	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	5792 Ferrara Dr.		NAME		
STREET ADDRESS	Sarasota, FL 34238		STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FL 34238		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn Jakubowicz 3-3-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #