

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N06104

1. Entity Name
SARASOTA-MANATEE RIGHT TO LIFE, INC.



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

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



03202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2481011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	FAUST, JOHN
STREET ADDRESS	8466 N. LOCKWOOD RIDGE RD. #137
CITY-ST-ZIP	SARASOTA, FL 34243

TITLE	TD
NAME	JAKUBOWICZ, LYNN
STREET ADDRESS	4616 HIDDEN FOREST DR
CITY-ST-ZIP	SARASOTA, FL 34235

TITLE	CSD
NAME	FLISIK, ARLENE
STREET ADDRESS	4106 24TH AVE., W.
CITY-ST-ZIP	BRADENTON, FL 34205

TITLE	D
NAME	SHUMARD, RAY
STREET ADDRESS	4459 KARIBA LAKE TERRACE
CITY-ST-ZIP	SARASOTA, FL 34243

TITLE	D
NAME	SHUMARD, MILDRED
STREET ADDRESS	4459 KARIBA LAKE TERRACE
CITY-ST-ZIP	SARASOTA, FL 34243

TITLE	P
NAME	STYER, JAMES
STREET ADDRESS	5253 LAKE VILLAGE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34235

U00000868978
04/09/08-80029-018 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Treasurer* **Lynn Jakubowicz**

3-20-08

941-3657050

Date

Daytime Phone #