

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06104

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

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

New Mailing Address:

4459 KARIBA LAKE TERRACE
SARASOTA, FL 34243 US

FEI Number: 59-2481011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEANE, GERALD B
46 NO. WASHINGTON BLVD
SUITE 5
SARASOTA, FL 342362928 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FAUST, JOHN
Address: 8466 N. LOCKWOOD RIDGE RD. #137
City-St-Zip: SARASOTA, FL 34243

Title: TD () Delete
Name: JAKUBOWICZ, LYNN
Address: 4616 HIDDEN FOREST DR
City-St-Zip: SARASOTA, FL 34235

Title: CSD () Delete
Name: FLISIK, ARLENE
Address: 4106 24TH AVE., W.
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: SHUMARD, RAY,
Address: 4459 KARIBA LAKE TERRACE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: SHUMARD, MILDRED
Address: 4459 KARIBA LAKE TERRACE
City-St-Zip: SARASOTA, FL 34243

Title: P () Delete
Name: STYER, JAMES
Address: 5253 LAKE VILLAGE DRIVE
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN JAKUBOWICZ

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date