2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

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Entity Name: NORTH FLORIDA RIGHT TO LIFE, INC.

Current Principal Place of Business:

13245 ATLANTIC BOULEVARD
SUITE 4- #224
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

13245 ATLANTIC BOULEVARD
SUITE 4- #224
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 26-4356112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, THERESA M
1389 HARRINGTON PARK DRIVE
JACKSONVILLE, FL 32225 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: P ( ) Delete
Name: GRAHAM, THERESA M
Address: 1389 HARRINGTON PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: V ( ) Delete
Name: DURDEN, KAY
Address: 1965 MILLS ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: S ( ) Delete
Name: JOHNSON, RAYMOND
Address: 3036 STRATTON LANE
City-St-Zip: JACKSONVILLE, FL 32221

Title: T ( ) Delete
Name: NEIKIRK, KEN
Address: 1430 RIVER OF MAY STREET
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: L ( ) Delete
Name: KING, DIANE
Address: 5940 CARIBEEN CT.
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: SPRINKLE, SHIRLEY
Address: 10176 HERNDON ROAD
City-St-Zip: JACKSONVILLE, FL 32246

Title: T (X) Change ( ) Addition
Name: WILLIAMS, BRENDA
Address: 4463 EAST ECTON LANE
City-St-Zip: JACKSONVILLE, FL 32246

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: THERESA GRAHAM P 04/28/2009

Electronic Signature of Signing Officer or Director — Date