


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90036 012 \*\*\*\*61.25

<b>DOCUMENT # N10116</b> 1. Entity Name <b>RIGHT DIVISION, INC.</b>					
Principal Place of Business <b>% ROBERT C. BROCK, 6260 - 12TH ST., SOUTH ST. PETERSBURG, FL 33705</b>			Mailing Address <b>% ROBERT C. BROCK, 6260 - 12TH ST., SOUTH ST. PETERSBURG, FL 33705</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2558688</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROCK, ROBERT C. 6260 - 12TH STREET, SOUTH ST. PETERSBURG, FL 33705</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>BROCK, ROBERT C.</b> <b>6260 12TH ST. S.</b> <b>ST. PETERSBURG, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Pastor John McKay</b> <b>611 Thurston Street</b> <b>Defiance, OH 43512-2750</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>BROCK, E. DOLORES</b> <b>6260 12TH ST. S.</b> <b>ST. PETERSBURG, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Lemuel Cousins</b> <b>8500 Belcher Road, Apt 632</b> <b>Pinellas Park, FL 33781</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SMITH, ORVILLE V.</b> <b>2000 EAST BAY DR, LOT 3, PLANTATION DR</b> <b>LARGO, FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Rooks, Allen</b> <b>2231 Utopian Drive East, #315</b> <b>Clearwater, FL 33763</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>YNTEMA, SUSAN D.</b> <b>4811 SW 120 AVE</b> <b>COOPER CITY, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Rooks, Linda</b> <b>2231 Utopian Drive East, #315</b> <b>Clearwater, FL 33763</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Robert C. Brock</u> <b>Robert C. Brock</b>			<b>4-4-05</b> <b>(727) 867-7893</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

**50034939**



01032005 Chg-NP CR2E037 (10/03)