


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<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		4. FEI Number <b>59-2558688</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BROCK, ROBERT C. 6260 - 12TH STREET, SOUTH ST. PETERSBURG FL 33705</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to 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	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>U00000403950</b> <b>02/06/06-80027-024 61.25</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MCKAY, PASTOR JOHN</b> <b>611 THURSTON STREET</b> <b>DEFIANCE OH 43512-2750</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>COUSINS, LEMUEL</b> <b>8500 BELCHER ROAD, APT. 632</b> <b>PINELLAS PARK FL 33781</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE: Robert C. Brock - ROBERT C. BROCK</b>			<b>1-25-06 (727)867-7893</b>		