

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27277

FILED
Feb 16, 2006
Secretary of State

Entity Name: PALM BEACH COUNTY RIGHT TO LIFE LEAGUE, INC.

Current Principal Place of Business:

% THOMAS J. YEAGER
1645 PALM BEACH LAKES BLVD., S-1200
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

% THOMAS J. YEAGER
1645 PALM BEACH LAKES BLVD., S-1200
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 23-7242839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAGER, THOMAS J.
% NASON GILDAN YEAGER GERSON & WHITE P.A.
1645 PALM BEACH LAKES BLVD., STE 1200
WEST PALM BEACH, FL 33401 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: FITZGERALD, FRANCES P
Address: 1236 MYSTIC WAY
City-St-Zip: WELLINGTON, FL 33414 US

Title: DVP () Delete
Name: REGAN, JOHN DVP
Address: 2100 RADNOR CT.
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: DT () Delete
Name: GIESMAN, NORMA A DT
Address: 8986 OLDHAM WAY
City-St-Zip: W. PALM BCH., FL 33412 US

Title: DS () Delete
Name: FEYAS, REBECCA DS
Address: 2905 FRENCH AVE.
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D () Delete
Name: KAZIMIR, DONALD J D
Address: 106 GULFSTREAM RD.
City-St-Zip: N. PALM BEACH, FL 33410 US

Title: DVP (X) Delete
Name: GIESMAN, RICHARD C DVP
Address: 8986 OLDHAM WAY
City-St-Zip: W. PALM BEACH, FL 33412 US

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 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: NORMA GIESMAN

DT

02/16/2006

Electronic Signature of Signing Officer or Director

Date