


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jul 07, 1999 8:00 am**  
**Secretary of State**

07-07-1999 90002 008 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION - ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N34676</b> ✓					
1. Corporation Name <b>GREATER ORLANDO RIGHT TO LIFE, INC.</b>					
Principal Place of Business <b>2318 WINTER WOODS BLVD #D WINTER PARK FL 32792 US</b>			Mailing Address <b>P. O. BOX 940254 MAITLAND FL 32794-0254 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date incorporated or Qualified <b>10/13/1989</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-1935501</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>			
9. Name and Address of Current Registered Agent <b>ROOKS, MARVIN 390 NORTH ORANGE AVENUE SUITE 800 ORLANDO FL FL 32801</b>			10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>ROUTSON, CAROLINE</b>	1.2 NAME			
STREET ADDRESS	<b>285 LAKE SEMINARY CIRCLE</b>	1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	1.4 CITY-ST-ZIP			
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>ROOKS, LINDA</b>	2.2 NAME			
STREET ADDRESS	<b>2130 CHINOOK TRAIL</b>	2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MAITLAND FL</b>	2.4 CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>CONNORS, MARGARET</b>	3.2 NAME			
STREET ADDRESS	<b>630 SPRUCEWOOD CIRCLE</b>	3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	3.4 CITY-ST-ZIP			
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>HARDMAN, MYRNA</b>	4.2 NAME			
STREET ADDRESS	<b>5029 WATERVISTA DR</b>	4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL 32821</b>	4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			



CR2E037 (1/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myrna Hardman **SIGNATURE MYRNA HARDMAN, Treas** 6/26/98 407-898-5751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #