

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90340 001 \*\*\*122.50

**DOCUMENT # N34676**

1. Entity Name  
GREATER ORLANDO RIGHT TO LIFE, INC.



Principal Place of Business  
2502 OAK ISLAND PT RD  
ORLANDO, FL 32809 US

Mailing Address  
P. O. BOX 940254  
MAITLAND, FL 32794-0254 US

**66409690**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-1935501

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROOKS, MARVIN  
2130 CHINOOK TRAIL  
MAITLAND, FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ROOKS, LINDA  
STREET ADDRESS 2130 CHINOOK TR.  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Delete  
NAME KIDD, TONI JO  
STREET ADDRESS 430 STANTON PL.  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE D ☐ Delete  
NAME CADWALLADER, LINDA  
STREET ADDRESS 3252 ELLWOOD CT.  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE D ☐ Delete  
NAME LUSHETAJY, JULIE  
STREET ADDRESS 3353 LAKE MARGARET DR.  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Lushetsky, Julie  
STREET ADDRESS 3353 Lake Margaret Dr.  
CITY-ST-ZIP Orlando, Florida 32806

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Julie Lushetsky, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04  
Date

Daytime Phone #