

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2005 08:00 AM**  
**Secretary of State**

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



08012005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1935501

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROOKS, MARVIN  
2130 CHINOOK TRAIL  
MAITLAND, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROOKS, LINDA
STREET ADDRESS	2130 CHINOOK TR.
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	KIDD, TONI JO
STREET ADDRESS	430 STANTON PL.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	CADWALLADER, LINDA
STREET ADDRESS	3252 ELLWOOD CT.
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	LUSHETSKY, JULIE
STREET ADDRESS	3353 LAKE MARGARET DR.
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000377514  
09/01/05-80001-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/18/05

407-852-7349