

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

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90296 014 \*\*\*\*61.25

**DOCUMENT # N42090**

1. Entity Name

**FLORIDA COALITION AGAINST THE DEATH PENALTY, INC.**



Principal Place of Business

2363 UNION ST.  
FT. MYERS FL 33901-3924  
US

Mailing Address

2363 UNION ST.  
FT. MYERS FL 33901-3924  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0262592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FABBRO, RICHARD A**  
**2363 UNION ST**  
**FT MYERS FL 33901**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 **D** ☐ Delete  
NAME **FABBRO, RICHARD**  
STREET ADDRESS **2363 UNION ST**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ Delete  
NAME **O'BRYAN, JOSEPH B**  
STREET ADDRESS **3931 RIVERSIDE DR W**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ Delete  
NAME **WELCH, BERNARD**  
STREET ADDRESS **343 STANLEY BELL DR.**  
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☒ Delete  
NAME **BECKER, OLIVIA**  
STREET ADDRESS **2347 N. LAKESHORE CIR**  
CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE **D** ☐ Delete  
NAME **NORGARD, ROBERT**  
STREET ADDRESS **4968 TRADITION DR**  
CITY-ST-ZIP **LAKELAND FL**

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  
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STREET ADDRESS  
CITY-ST-ZIP

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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 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.

SIGNATURE:

**DIRECTOR**

**15 APR 06 (139) 331-3449**