2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N49447 1. Entity Name MIAMI RIGHT TO LIFE EDUCATION FUND, INC.



FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90187 041 ****61.25

30 5 3723300

Daytime Phone #

| | | | | ' | | | | |
|---|---|--|---|--|---|----------------------------------|-------------------------|--|
| Principal Place of Business 2451 BROKELL AVE 6J MAM, RL 33129 | | Mailing Address 1441 BROKELL AVE, SOUTH 1014 MAM, FL 33131 | | | | | | |
| | | t a samula a sa | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address Brickell A | | e 110011111 111 111 111 11 | | AIRAN MARAN BYON DIN | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 400 | 0.4070000 | -NP CR2E | 037 (10/03) | | |
| City & State | | City & State | FL | 4. FEI Number 65-0344285 | | | pplied For | |
| Zip | Country | Zip 33131 | Country | 5. Certificate of Stat | us Desired | \$8.75 Add | | |
| | 6. Name and Address of Current P | Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| ALIENIEA! | W , ROBERT | | Name | Popert | Allen | au | | |
| | KELL AVE., SOUTH 1014 | | Street Addres | | P.O. Box Number is Not Acceptable) | | | |
| 14074411, 1 2 | 33 | · | | Suite | 1400 | | | |
| | 4 6 , | | City | Miami | F | L Zip Cod | 33 | |
| 8. The above | named entity submits this statement for ions of registrate agent. | the purpose of changing its regi | istered office or regis | stered agent, or both, in th | e State of Florida. I an | n familiar with, | and accept | |
| ino congar in | 13 | Bir | 1. 1. 1 | 0 1 | 1.111 6 | 2 / / | 1.1- | |
| SIGNATURE. | Situature, typed or printed name of registered agent at | nd title if applicable. (NOTE: Rec | INDENTO E | DONAUTH, F | tsst. UCL PY DATE | <u>esaun</u> | 4/28/05 | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campai Trust Fund Contr | · · · — | \$5.00 May Be Added to Fees | Make che Florida Depa | ck payable tertment of S | | |
| 10. | OFFICERS AND DIR | ECTORS | 11. | ADDITIONS/CHANGES | TO OFFICERS AND E | DIRECTORS IN | V 10 | |
| TITLE | PD . | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | ALLEN, MARTHA A 2451 BRICKELL AVE. APT6J | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33129 | | CITY-ST-ZIP | | | | | |
| TITLE | D | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | WALSH, LAWERENCE | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 8405 NW 8TH STREET APT. 307 MIAMI, FL 33126 | | STREET ADDRESS | | | | | |
| TITLE | VD | Delete | TITLE | | | ☐ Change | Addition | |
| NAME | TALAMAS, JULIA | ET Delete | NAME | | | C cliange | | |
| STREET ADDRESS | 545 ZAMORA | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | CORAL GABLES, FL | | CITY-ST-ZIP | | | | | |
| TITLE | SD | ☐ Delete | TITLE | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | AUGENSTEIN, MARTHA J 2463 SW 13TH STREET | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI, FL | | CITY-ST-ZIP | | | | | |
| TITLE | T | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | CORDOVA, ANGEL | | NAME | | | | | |
| STREET ADDRESS | 780 NW 42ND AVE., #416 | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33126 | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 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), Flori | da Statutes. I further o | ertify that the i | nformation | |
| of the cor | on this report or supplemental report is reportal report is | wered to execute this report as re | ignature shall have the equired by Chapter (| he same legal effect as if r 617, Florida Statutes; and | made under oath; that that my name appears | I am an officer in Block 10 o | or director Block 11 if | |
| changed | or on an attachment with an address, w | vith all other like empowered. | | • | | | | |