

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90311 016 ****61.25

DOCUMENT # N49447

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



Principal Place of Business
2451 BRICKELL AVE J
MIAMI, FL 33129

Mailing Address
2451 BRICKELL AVE
STE 1400
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0344285

Applied For
Not Applicable

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

~~ALLEN LAW, ROBERT~~ **Robert Allen Law**
1441 BRICKELL AVE STE 1400
MIAMI, FL 33131

Name **Robert Allen Law**

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, 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 ☐ Delete
NAME **PD ALLEN, MARTHA A**
STREET ADDRESS **2451 BRICKELL AVE, APT 6J**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Delete
NAME **D WALSH, LAWRENCE**
STREET ADDRESS **8405 NW 8TH STREET APT. 307**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete
NAME **VD TALAMAS, JULIA**
STREET ADDRESS **545 ZAMORA**
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE ☐ Delete
NAME **SD AUGENSTEIN, MARTHA J**
STREET ADDRESS **2463 SW 13TH STREET**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete
NAME **T CORDOVA, ANGEL**
STREET ADDRESS **780 NW 42ND AVE., #416**
CITY-ST-ZIP **MIAMI, FL 33126**

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

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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 Chapter 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:

Martha A Allen **Martha Allen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/06
Date

305-372-3324
Daytime Phone #