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NONPROFIT CORPORATION

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

ANNUAL REPORT

1998 DOCUMENT # N97000005055 (5)

FILED

May 11 1998 8:00am

Secretary of State

RIGHT TO LIFE OF NORTHEAST FLORIDA EDUCATION FUND, INC.							I JOHNHAN AND NORM MARKE SHANK ANNIA DANIA					
Principal Place of Business Mailing Address							ļ	1 semilies min tefel finder aneite fills	ir 90ili 98ili 61	61711 20141	#11 2 0 E111 E##1	
B316 SAN JUAN AVENUE STE. 13-B G316 SAN JUAN AVENUE ST JACKSONVILLE FL 32210 JACKSONVILLE FL 32210					re. 13 -8			3. Date Incorporated or Qualified 08/29/1997	1			
								4. FEI Number 59 3470619			oplied For ot Applicable	
2. Principal Piad 21		26						5. Certificate of Status Desired			Additional equired	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					6. Election Campaign Financing		\$5.00		
City & State			City & State				—	Trust Fund Contribution		Added t		┨
23		28	,,				- 1	7. Is this nonprofit corporation a		s assownanc ⊒No	H) f	
Zip	Country	Zip)	Cou	intry			8. This corporation owes or has a	oald the cur	rent year in	tangible	7
24	25	20		30				Personal Property Tax due Jur			No	⇃
	9. Name and Address of Currer	nt Registere	d Agent		81	Name		10. Name and Address of New F	legistered .	Agent		4
IOLINICTO	NI DETTY C											╛
JOHNSTON, BETTY C 6316 SAN JUAN AVENUE STE. 13-B JACKSONVILLE FL 32210				62	Street A	t Address (P.O. Box Number is Not Acceptable)						
				83				,			1	
]					84	City			FL	85 Zip	Code	\dashv
11. Pursuant to	the provisions of Sections 617.050	02 and 617.1	508. Florida Statute	s. the al	bove-	named c	corpore	ation submits this statement for the		changing I	ts registered	┨
office or reg	the provisions of Sections 617,050 gistered agent, or both, in the State familiar with, and accept the oblig	of Florida. S	Such change was a	uthorize	d by t	the corpo	poration	's board of directors. I hereby acc	ept the app	ointment as	registered]
SIGNATURE	BEHY C. JOhn			حملا					51,19	8		1
Si	ignature, typed or printed name of registered age	ant and title if and										
					Megah	Laignatura n	required y	when reinstating)	DATE			46
12.	OFFICERS AN		AS	13.			75	ADDITIONS/CHANGES TO OFF				18
TITLE	OFFICERS AN			13. 1.1 Ti	TLE		PD	ADDITIONS/CHANGES TO OFF		DIRECTOR Change	RS IN 12 Addition	7 (10/07)
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TITLE	OFFICERS AN		AS	13, 1.1 TI 1.2 N/ 1.3 ST	TLE AME	DORESS	PD 301	ADDITIONS/CHANGES TO OFF	4	Change		22En27 (10/07)
TITLE NAME STREET ADDRESS	OFFICERS AN		AS	13, 1.1 TI 1.2 N/ 1.3 ST	TLE AME IREET AI TY-ST-	DORESS ZIP	日かんりの	ADDITIONS/CHANGES TO OFF MASTER BEHLLC M DRUCK ROAD ACKSONUITE, FL	4	Change		CROENS7 (10/07)
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6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS