

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005055

1. Entity Name

RIGHT TO LIFE OF NORTHEAST FLORIDA EDUCATION FUN

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90432 038 ****61.25

Principal Place of Business

Mailing Address

6316 SAN JUAN AVENUE STE. 13-B
JACKSONVILLE FL 32210

6316 SAN JUAN AVENUE STE. 13-B
JACKSONVILLE FL 32210-2883

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3470619

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSTON, BETTY C
6316 SAN JUAN AVENUE STE. 13-B
JACKSONVILLE FL 32210

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JOHNSTON, BETTY C
STREET ADDRESS 217 DRURY RD
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VD ☐ Delete
NAME TYSON, CAROL
STREET ADDRESS 1803 WOFFORD ST
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE TD ☐ Delete
NAME HILL, JUDY
STREET ADDRESS 1849 HARVESTER ST
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE SD ☒ Delete
NAME GAVORY, KAREN
STREET ADDRESS 5150 MARLENE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition
NAME Frances Dees
STREET ADDRESS 1411 Gailwood Circle
CITY-ST-ZIP Jacksonville, FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(904)
695-2207

Date

Daytime Phone #