

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90161 016 ****61.25

DOCUMENT # N97000005055

1. Entity Name

**RIGHT TO LIFE OF NORTHEAST FLORIDA EDUCATION FUN
D, INC.**



Principal Place of Business

Mailing Address

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

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JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number **59-3470619**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

JOHNSTON, BETTY C

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

Name

Carol Tyson

Street Address (P.O. Box Number is Not Acceptable)

1803 Wofford Ave

City

Jacksonville

FL

Zip Code
32218

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

Carol Tyson, President

02-19-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	JOHNSTON, BETTY C	217 DRURY RD	JACKSONVILLE FL 32218	<input checked="" type="checkbox"/>	PD	Carol Tyson	1803 Wofford Ave	Jacksonville, FL 32218	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	TYSON, CAROL	1803 WOFFORD ST	JACKSONVILLE FL 32218	<input checked="" type="checkbox"/>	VD	William Wofford	6528 Columbine Dr	Jacksonville, FL 32211	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	DEES, FRANCES	1411 GAILWOOD CR	JACKSONVILLE FL 32218	<input checked="" type="checkbox"/>	STD	Nick Phoenix	629 E 58th St	Jacksonville, FL 32208	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Carol Tyson, President

02-19-03

904-666-7000

CR2E037 (10/02)