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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000000398

1. Corporation Name
SOUTH COUNTY PEOPLE FOR LIFE, INC.

Principal Place of Business SOUTH COUNTY PEOPLE FOR LIFE, INC. 251 HAMMOCK TERRACE VENICE FL 34293	Mailing Address SOUTH COUNTY PEOPLE FOR LIFE, INC. 251 HAMMOCK TERRACE VENICE FL 34293
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21 Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1998	
22 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0810978	
23 City & State		27 City & State		Applied For Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent TITUS, JAMES H 1069 TRUMAN STREET NOKOMIS FL 34293				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLBY, DWIGHT L	1.2 NAME	Patricia Banting
STREET ADDRESS	642 N. AUBURN ROAD	1.3 STREET ADDRESS	285 Mt. Vernon Drive
CITY-ST-ZIP	VENICE FL 34292	1.4 CITY-ST-ZIP	Venice, Florida 34293
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, CAROLYN	2.2 NAME	PAUL THOMAS
STREET ADDRESS	4293 SPICETREE STREET	2.3 STREET ADDRESS	4293 SPICETREE ST
CITY-ST-ZIP	VENICE FL 34293	2.4 CITY-ST-ZIP	VENICE, FL 34293
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, JUDITH	3.2 NAME	Delaney, Judith
STREET ADDRESS	251 HAMMOCK TERRACE	3.3 STREET ADDRESS	251 Hammock Terrace
CITY-ST-ZIP	VENICE FL 34293	3.4 CITY-ST-ZIP	Venice, FL 34293
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S -D
STREET ADDRESS		4.3 STREET ADDRESS	Dolby Dwight
CITY-ST-ZIP		4.4 CITY-ST-ZIP	642 N. Auburn Rd. Venice, FL 34292
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Quisignature REQUIRED 3/19/99 941-492-2293
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)