## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000298

Entity Name: SECULARPROLIFE.ORG, INC.

**Current Principal Place of Business:** 

4355 BUTTERFLY ORCHID LANE NAPLES. FL 34119

**Current Mailing Address:** 

4355 BUTTERFLY ORCHID LANE NAPLES. FL 34119

FEI Number: 27-2095596 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLEMAN, HAZZARD, AND TAYLOR, P.A. 2640 GOLDEN GATE PARKWAY SUITE 304 NAPLES, FL 34105 US

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:

Electronic Signature of Registered Agent

Date

FILED Jan 26, 2016

**Secretary of State** 

CC1589136617

Officer/Director Detail:

Title P Title VP

Name HAZZARD, KELSEY L Name HAZZARD, SARA E

Address 4355 BUTTERFLY ORCHID LANE Address 4355 BUTTERFLY ORCHID LANE

City-State-Zip: NAPLES FL 34119 City-State-Zip: NAPLES FL 34119

Title VP

Name HAZZARD, WILLIAM J

Address 4355 BUTTERFLY ORCHID LANE

City-State-Zip: NAPLES FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELSEY HAZZARD

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

01/26/2016

Date