

**2015 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

**Officer/Director Detail :**

Title P  
Name HAZZARD, KELSEY L  
Address 4355 BUTTERFLY ORCHID LANE  
City-State-Zip: NAPLES FL 34119

Title VP  
Name HAZZARD, SARA E  
Address 4355 BUTTERFLY ORCHID LANE  
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

**PRESIDENT**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date