

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000298

Entity Name: SECULAR PRO-LIFE, INC.**Current Principal Place of Business:**3745 27 AVE SW
NAPLES, FL 34117**Current Mailing Address:**3745 27 AVE SW
NAPLES, FL 34117**FEI Number:** 27-2095596**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAZZARD, KELSEY
3745 27 AVE SW
NAPLES, FL 34117 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	SNYDER, MONICA
Address	1433 SNOWBIRD LANE
City-State-Zip:	O'FALLON MO 63366

Title	VP
Name	BUKOVINAC, TERRISA
Address	1730 P ST NW #3
City-State-Zip:	WASHINGTON DC 20036

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

02/23/2023

Electronic Signature of Signing Officer/Director Detail_____
Date