FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:17

DOCUMENT # 730196 (3)

1. Corporation Name

PREGNANCY HELP AND INFORMATION CENTER, INC.

Principal Place of Business	Mailing Address
1132 EAST TENNESSEE ST. TALLAHASSEE FL 32308-6912	1132 EAST TENNESSEE ST. TALLAHASSEE FL 32308-6912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1974
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1745861 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $60.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WARFEL, TIMOTHY J.
215 SOUTH MONROE ST.
STE. 701
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	COTTRELL, BARBARA	1.2 NAME		
STREET ADDRESS	3062 SHAMROCK NORTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HARLEY, FRAN	2.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 1140	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GALLAGHER, ROSEMARY	3.2 NAME		
STREET ADDRESS	BARNETT BANK STE. 314	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE	P, D	☒ Change ☐ Addition
NAME	WARFEL, TIMOTHY J.	4.2 NAME		
STREET ADDRESS	3748 FORSYTHE WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	WARFEL, MERRY L	5.2 NAME		
STREET ADDRESS	3748 FORSYTHE WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D,S	☒ Change ☐ Addition
NAME	QUINN, GWEN	6.2 NAME	Donna Tischler	
STREET ADDRESS	3074 BELL GROVE DRIVE	6.3 STREET ADDRESS	31140 Gallant Fox Trail	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Merry Lynn Warfel Treasurer — 3/3/95 — 904-222-7177
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Merry Lynn Warfel

000230B