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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 730196

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/12/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1745861 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Timothy J. Warfel
82 Street Address (P.O. Box Number is Not Acceptable) 3748 Forsythe Way
83
84 City Tallahassee FL 85 Zip Code 32308

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 ✓ DATE 3/20/99
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	D	☐ DELETE	1.1 TITLE	Director, Secretary	☐ Change ☒ Addition
NAME	COTTRELL, BARBARA		1.2 NAME	Carol Cline	
STREET ADDRESS	3062 SHAMROCK NORTH		1.3 STREET ADDRESS	4088 Roscrea Dr	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	☐ DELETE	2.1 TITLE		☐ 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	PD	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	WARFEL, TIMOTHY J.		3.2 NAME		
STREET ADDRESS	3748 FORSYTHE WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WARFEL, MERRY L		4.2 NAME		
STREET ADDRESS	3748 FORSYTHE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE	Director, Treasurer	☒ Change ☐ Addition
NAME	TISCHLER, DONNA		5.2 NAME		
STREET ADDRESS	3440 GALLANT FOX TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Director, President	☐ Change ☒ Addition
NAME			6.2 NAME	Jim Kirschke	
STREET ADDRESS			6.3 STREET ADDRESS	3163 Fernsglen Dr	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tallahassee, FL 32308	

CR2E037 (11/98)

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: ✓ Timothy J. Warfel **REQUIRED** 3/20/99 850 222-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #