2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004
Secretary of State

DOCUMENT# 730196

Entity Name: PREGNANCY HELP AND INFORMATION CENTER, INC.

Current Principal Place of Business:

1126 EAST TENNESSEE ST.
TALLAHASSEE, FL 323086912

New Principal Place of Business:

1710 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

1126 EAST TENNESSEE ST.
TALLAHASSEE, FL 323086912

New Mailing Address:

1710 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

FEI Number: 59-1745861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARFEL, TIMOTHY J.
3748 FORSYTHE WAY
TALLAHASSEE, FL 32308

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	COTTRELL, BARBARA	
Address:	3062 SHAMROCK NORTH	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	FIERRO,BOB,	
Address:	2855 ASBURY HILL	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	WARFEL, TIMOTHY J.,	
Address:	3748 FORSYTHE WAY	
City-St-Zip:	TALLAHASSEE, FL	
Title:	TD	( ) Delete
Name:	JOHNSON,MALLARD, VERSIE	
Address:	4678 PIMLICO DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	DE	( ) Delete
Name:	KIRSCHKE, JIM	
Address:	3163 FERNSGLEN DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA COTTRELL DP 01/22/2004
Electronic Signature of Signing Officer or Director — Date