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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 730792 (9)

1. Corporation Name  
EMERGENCY PREGNANCY SERVICE, INC.



Principal Place of Business: 420 9TH ST N, NAPLES FLORIDA 33940, US  
Mailing Address: PO BOX 3352, NAPLES FLORIDA 34106-3352, US

3. Date Incorporated or Qualified: 09/26/1974  
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	51-0204833	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ERICKSON, ROSEMARY J. 431 LAGOON AVE. NAPLES FLORIDA 33940	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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ERICKSON, ROSEMARY 431 LAGOON AVE NAPLES FL 34108	1.1 TITLE	RECORDING SECRETARY BARBARA HOOPER 1705 OAKES BLVD NAPLES FL 34119
NAME	DP BARONE, LUCIA 3011 70TH AVE S NAPLES FL 34105	1.2 NAME	CORRESPONDING SECRETARY BECKY FOXHOVEN 2570 HALEMOON WALK NAPLES FL 34102
STREET ADDRESS	DVP FARREN, NANCY 400 7TH AVE., S. NAPLES FL	2.1 TITLE	DVP JANET CECILE 146 MYRTLE RD NAPLES FL 34108
CITY-ST-ZIP	D JOAN CARTER 3130 KINGS LK.BLVD. NAPLES FL 34112	2.2 NAME	
TITLE	D ZAINER, MARY 225 ST. ANDREWS BLVD NAPLES FL	2.3 STREET ADDRESS	
NAME	DT MORASH, DOLLY 4456 LAKEWOOD BLVD NAPLES FL 34112	2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	
CITY-ST-ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	D ROSE WILHELM 538 NETTLEWOOD LN NAPLES FL 34112
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Dolly Morash* 3/21/97 941-262-6381  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069597

CR2E037 (9/96)