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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 730792

1. Corporation Name
EMERGENCY PREGNANCY SERVICE, INC.

Principal Place of Business: **462 9th St N, NAPLES FLORIDA 34102, US**
 Mailing Address: **PO BOX 3332, NAPLES FLORIDA 34101, US**

502549-90096-11



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
	462 9th St, N.		462 9th St, N.		09/26/1974
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number
					51-0204833
23	City & State	28	City & State	5.	Certificate of Status Desired
	NAPLES FL		NAPLES FL		<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing
	34102		34102		<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country		Trust Fund Contribution
	USA		USA		

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	Barbara Hooper		
				82	Street Address (P.O. Box Number is Not Acceptable)	1705 OAKES BLVD.		
				83		NA		
				84	City	Naples	85	Zip Code
						FL		34119

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: *Barbara Hooper* **Barbara Hooper** **4/30/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-installing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ERICKSON, ROSEMARY			1.2 NAME	PATRICIA BUCALO		
STREET ADDRESS	431 LAGOON AVE			1.3 STREET ADDRESS	985 TARPON COVE DR. # 202		
CITY-ST-ZIP	NAPLES-FL			1.4 CITY-ST-ZIP	NAPLES FL 34110		
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARONE, LUCIA			2.2 NAME	David Conn		
STREET ADDRESS	3011 70TH AVE S			2.3 STREET ADDRESS	127 Murfield Circle		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP	Naples, FL 34113		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CECIL, JANET			3.2 NAME	Tom Harris		
STREET ADDRESS	146 MYRTLE RD			3.3 STREET ADDRESS	5200 28th Pl. SW		
CITY-ST-ZIP	NAPLES-FL			3.4 CITY-ST-ZIP	Naples, FL 34116		
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MURPHY, MAUREEN			4.2 NAME	Donn Sells		
STREET ADDRESS	3940 GORDON DR			4.3 STREET ADDRESS	6780 Sabal Ridge Dr.		
CITY-ST-ZIP	NAPLES FL 34102			4.4 CITY-ST-ZIP	Naples, FL 34109		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZAINER, MARY			5.2 NAME	Barbara Hooper		
STREET ADDRESS	225 ST. ANDREWS BLVD			5.3 STREET ADDRESS	1705 OAKES BLVD		
CITY-ST-ZIP	NAPLES-FL			5.4 CITY-ST-ZIP	Naples, FL 34119		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORASH, DOLLY			6.2 NAME			
STREET ADDRESS	4456 LAKEWOOD BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			6.4 CITY-ST-ZIP			

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: *Barbara Hooper* **Barbara Hooper** **4/30/99** **941 262 6381**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)