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

APPROVED AND FILED
95 MAY -1 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03843 (2)

1. Corporation Name
PREGNANCY RESOURCES, INC.

Principal Place of Business	Mailing Address
110 BRY LYNN DR. MELBOURNE FL 32904	110 BRY LYNN DR. MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1984
3a. Date of Last Report: 09/26/1994
4. FEI Number: 59-2542341 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 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 ☒ $68.75 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

BARKER, PAUL
1467 GUAVA AVE.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

01 Name: Michael Minot
02 Street Address (P.O. Box Number is Not Acceptable): ~~Commodore Plaza, Ste #218~~
03 River Edge Blvd.
04 City: Cocoa FL 05 Zip Code: 32922

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: [signature] 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	D ☒ Change ☐ Addition
NAME	KETTNER, TERESA	12 NAME	Kettner, Teresa
STREET ADDRESS	601 GEORGIA AVENUE	13 STREET ADDRESS	P.O. Box 2443 N/A
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	Melbourne, FL 32901-2443
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, PAT	22 NAME	
STREET ADDRESS	P.O. BOX 500116 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	WHERRY, CINDY	32 NAME	
STREET ADDRESS	1217 ELCON DR	33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BRANHAM, BEVERLY	42 NAME	
STREET ADDRESS	P.O. BOX 061141 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COUEY, PHIL	52 NAME	
STREET ADDRESS	301 E DARROW AVE	53 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	CD ☒ Change ☐ Addition
NAME	PISZCZEK, VALERIE	62 NAME	Piszczek, Valerie
STREET ADDRESS	2350 BRANDON AVE	63 STREET ADDRESS	2350 Brandon Avenue
CITY-ST-ZIP	WEST MELBOURNE FL	64 CITY-ST-ZIP	West Melbourne, FL 32904

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: Cindy Wherry 4/12/95 407-724-6009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000326