

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N03843 (2)
1. Corporation Name
PREGNANCY RESOURCES, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1984		3a. Date of Last Report 05/01/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2542341		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MINOT, MICHAEL
COMMODORE PLAZA, STE 218
RIVER EDGE BLVD
COCOA FL 32922**

10. Name and Address of New Registered Agent

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

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETTNER, TERESA	1.2 NAME	Whitehouse, Gary Rev.
STREET ADDRESS	PO BOX 2443 N/A	1.3 STREET ADDRESS	763 Bremerhaven St. NW
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Palm Bay, FL 32907 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	TAYLOR, PAT	2.2 NAME	
STREET ADDRESS	P.O. BOX 500116 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHERRY, CINDY	3.2 NAME	
STREET ADDRESS	1217 ELCON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANHAM, BEVERLY	4.2 NAME	Moats, Sandy
STREET ADDRESS	P.O. BOX 061141 N/A	4.3 STREET ADDRESS	518 Clifton Drive
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	West Melbourne, FL 32904 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	COUEY, PHIL	5.2 NAME	
STREET ADDRESS	301 E DARROW AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISZCZEK, VALERIE	6.2 NAME	
STREET ADDRESS	2350 BRANDON AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL	6.4 CITY-ST-ZIP	

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)(k), 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: Cynthia Wherry Cynthia Wherry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

3/7/96 407-724-6009
Date Daytime Phone #

CR2E037 (12/95)