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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

110 BRY LYNN DR.
MELBOURNE FL 32904

Mailing Address

110 BRY LYNN DR.
MELBOURNE FL 32904-3808

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/22/1984

3a. Date of Last Report

03/13/1996

4. FEI Number

59-2542341

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE D
NAME WHITEHOUSE, REV. GARY
STREET ADDRESS 763 BREMERHAVEN STREET NW
CITY-ST-ZIP PALM BAY FL

DELETE

TITLE SD
NAME TAYLOR, PAT
STREET ADDRESS P.O. BOX 500116 N/A
CITY-ST-ZIP MALABAR FL

DELETE

TITLE TD
NAME WHERRY, CINDY
STREET ADDRESS 1217 ELCON DR
CITY-ST-ZIP MELBOURNE FL

DELETE

TITLE D
NAME MOATS, SANDY
STREET ADDRESS 518 CLIFTON DRIVE
CITY-ST-ZIP WEST MELBOURNE FL

DELETE

TITLE D
NAME COUEY, PHIL
STREET ADDRESS 301 E DARROW AVE
CITY-ST-ZIP MELBOURNE FL

DELETE

TITLE CD
NAME PISZCZEK, VALERIE
STREET ADDRESS 2350 BRANDON AVE
CITY-ST-ZIP WEST MELBOURNE FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE CD
2.2 NAME Butler, John
2.3 STREET ADDRESS 511 Sherman St. SE
2.4 CITY-ST-ZIP Palm Bay, FL 32909

Change Addition

3.1 TITLE D
3.2 NAME Wherry, Cindy
3.3 STREET ADDRESS 1217 Elcon Dr.
3.4 CITY-ST-ZIP Melbourne, FL 32904

Change Addition

4.1 TITLE TD
4.2 NAME Moats, Sandy
4.3 STREET ADDRESS 518 Clifton Dr.
4.4 CITY-ST-ZIP West Melbourne, FL 32904

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE SD
6.2 NAME Piszczek, Valerie
6.3 STREET ADDRESS 2350 Brandon Ave.
6.4 CITY-ST-ZIP West Melbourne, FL 32904

Change Addition

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:

Sandy Moats (SANDY MOATS)

Date

2/6/97 407-727-7585

Daytime Phone # 0018665

CR2E037 (9/96)

1996-1997 Additional Members

D

Mrs. Shantay Rodo
1037 Celle Ave. NW
Palm Bay, FL 32907

D

Mrs. Patti VanZante
2475 Grassmere Dr.
Melbourne, FL 32904

D

Mr. John Madura
3580 Hammock Trail
Melbourne, FL 32934