

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90282 026 ****61.25

DOCUMENT # **N03843v**

1. Corporation Name

PREGNANCY RESOURCES, INC.

Principal Place of Business

Mailing Address

2225 S. Babcock St.

2225 S. Babcock St.

Melbourne, FL 32901

Melbourne, FL 32901



* 4 5 2 4 6 3 *
452463 - 90282 - 26

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

6/22/1984

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 ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Minot, Michael, Esq.
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE

NAME John Butler

STREET ADDRESS 511 Sherman St SE

CITY-ST-ZIP Palm Bay, FL 32907 ☐ DELETE

TITLE SD

NAME Carol Rootsey

STREET ADDRESS PO Box 411344

CITY-ST-ZIP Melbourne, FL 32941 ☐ DELETE

TITLE TD

NAME Smokey Leathers

STREET ADDRESS 742 Samuel Chase Ln Melbourne, FL 32904 ☐ DELETE

TITLE D

NAME Mr. John Madura

STREET ADDRESS 3580 Hammock Trail

CITY-ST-ZIP Melbourne, FL 329034 ☐ DELETE

TITLE D

NAME Mrs. Joanna Martinez

STREET ADDRESS 249 Cambridge Ave NE

CITY-ST-ZIP Melbourne, FL 32904 ☐ DELETE

TITLE D

NAME Faye Riley

STREET ADDRESS 1886 LeMay Dr NE, Palm Bay 32905

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

Mr. Phil Couey

301 Darow Ave

Melbourne, FL 32901

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Rootsey, Secretary, 4/13/99 407 724-6009

Date

Daytime Phone #

CR2E037 (11/98)