

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90187 034 ****61.25

DOCUMENT # N03843

1. Entity Name

PREGNANCY RESOURCES, INC.



Principal Place of Business

2225 S BABCOCK ST
MELBOURNE FL 32901

Mailing Address

2225 S BABCOCK ST
MELBOURNE FL 32901

94069878



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2542341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINOT, MICHAEL ESQ
319 RIVERIDGE BLVD STE 218
COCOA FL 32922

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALDRIDGE, FELICIA	
STREET ADDRESS	3385 FLORIDA PALM AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VDTD	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, JOHN	
STREET ADDRESS	864 HOMEY PLACE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCKEOWN, KEVIN	
STREET ADDRESS	604 BARCELONA CT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	BDM	<input checked="" type="checkbox"/> Delete
NAME	WARREN, PETER	
STREET ADDRESS	6119 ANCHOR LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	BDM	<input checked="" type="checkbox"/> Delete
NAME	PERRY, GREG	
STREET ADDRESS	4225 BLOSSOM CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	BDM	<input type="checkbox"/> Delete
NAME	LANIER, CONNIE	
STREET ADDRESS	3460 LONGLEAF DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Odom, Mary BDM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4213 Chelan Dr.	
STREET ADDRESS	Melbourne FL 32934	
CITY-ST-ZIP		
TITLE	Prince, Pamela D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	713 Spring Lake Dr.	
STREET ADDRESS	Melbourne FL 32940	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

4-20-04 757-7668 (4)