

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/3

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90942 002 \*\*\*\*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**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Minot, Michael Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**319 Riveredge Blvd, Suite 218**  
City **Cocoa** FL Zip Code **32922**

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

*John Chennel, Executive Director* **03/27/03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROOTSEY, CAROL P.O. BOX 411344 MELBOURNE FL 32941</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VOTO BUTLER, JOHN 864 HOMEY PLACE NE PALM BAY FL 32907</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MCKEOWN, KEVIN 604 BARCELONA CT SATELLITE BEACH FL 32937</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BDM RAGSDALE, MARK 8895 MURELL ROAD MELBOURNE FL 32940</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BDM SPALDING, CHARLOTTE 4094 MALLAND DRIVE MELBOURNE FL 32934</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Feliccia Aldridge 3385 Florida Palm Ave Melbourne FL 32901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BDM Peter Warren 6119 Anchor Lane Rockledge FL 32955</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BDM Carol Rootsey 718 Spanish Cove Dr Melbourne FL 32940</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BDM Greg Peery 4225 Blossom Circle Merritt Island FL 32952</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BDM Connig Lanier 3460 Longleaf Drive Melbourne FL 32940</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Etta Caldwell 2225 S. Babcock St Melbourne FL 32901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 OF MICHAEL S. MINOT* **2-24-03** **321-639-1300**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)