

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002490

FILED
Apr 17, 2009
Secretary of State

Entity Name: FIRST CHOICE PREGNANCY CENTER, INC.

Current Principal Place of Business:

2104 DEL PRADO BLVD.
SUITE 3
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

2323 DEL PRADO BLVD. S.
UNIT #7; PMB 139
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 20-0873950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOUT, CAROL
12718 DENNIS DRIVE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOODLET, CAROL
Address: 1209 SE 21ST AVE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: P () Delete
Name: HARKNESS, MELISSA
Address: 4431 N. ATLANTIC CIRCLE
City-St-Zip: N. FT. MYERS, FL 33903 US

Title: T () Delete
Name: SHEARN, CAROL
Address: 1818 SE 20TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

Title: V () Delete
Name: ALLISON, SCOTT
Address: 5704 INVERNES CIRCLE
City-St-Zip: N. FT. MYERS, FL 33903 US

Title: S () Delete
Name: SANDNES, LARISA
Address: 925 EL DORADO PKWY
City-St-Zip: CAPE CORAL, FL 33914 US

Title: D () Delete
Name: STOUT, CAROL
Address: 12718 DENNIS DRIVE
City-St-Zip: FORT MYERS, FL 33908 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TREESH, TED
Address: 12622 GEMSTONE CT.
City-St-Zip: FORT MYERS, FL 33913 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ALLISON, SCOTT
Address: 5704 INVERNES CIRCLE
City-St-Zip: N. FT. MYERS, FL 33903 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL STOUT

Electronic Signature of Signing Officer or Director

ED

04/17/2009

Date