

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 15 PM 3:20

**DOCUMENT # NO9770 (1)**

1. Corporation Name  
**PREGNANCY CRISIS CENTER OF LAKE CITY, INC.**

Principal Place of Business Mailing Address  
217 S. COLUMBIA ST. LAKE CITY FL 32065  
217 S. COLUMBIA ST. LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/14/1985** 3a. Date of Last Report **02/03/1994**  
4. FEI Number **59-2553369** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 217 S. Columbia St. 26 217 S. Columbia St.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Lake City, Florida 28 Lake City, Florida  
Zip Country Zip Country  
24 32025 25 Columbia 29 32025 30 Columbia

9. Name and Address of Current Registered Agent  
**FULGHUM, WORTH**  
**RT 6 BOX 785**  
**LIVE OAK FL 32060**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Worth Fulghum* DATE **2-10-95**

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCFADDEN, PAMELA
STREET ADDRESS	1674 OAK CIRCLE
CITY - ST - ZIP	LAKE CITY FL
TITLE	D
NAME	HAMMOCK, BO
STREET ADDRESS	RT. 3 BOX 216
CITY - ST - ZIP	LAKE BUTLER FL
TITLE	TD
NAME	SCOTT, SUSAN
STREET ADDRESS	RT. 4, BOX 446
CITY - ST - ZIP	LAKE CITY FL
TITLE	SD
NAME	HOWELL, TINA
STREET ADDRESS	RT 11 BOX 788
CITY - ST - ZIP	LAKE CITY FL
TITLE	MD
NAME	FULGHUM, WORTH
STREET ADDRESS	RT. 6, BOX 785
CITY - ST - ZIP	LAKE OAK FL
TITLE	D
NAME	EDENFIELD, KEN
STREET ADDRESS	RT 2, BOX 415
CITY - ST - ZIP	LAKE CITY FL 32055

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	GARRETT, ROBERT
2.4 CITY - ST - ZIP	2642 E. Montgomery Lake City, Fl. 32025
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made in person; 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: *Pamela B. McFadden* DATE **2.9.95** TELEPHONE # **904-752 3520**