

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09770 (1)
1. Corporation Name
PREGNANCY CRISIS CENTER OF LAKE CITY, INC.



Principal Place of Business Mailing Address
**217 S. COLUMBIA ST.
LAKE CITY FL 32025
US** **217 S. COLUMBIA ST.
LAKE CITY FL 32025
US**

3. Date Incorporated or Qualified **06/14/1985** 3a. Date of Last Report **02/15/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

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
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 *Worth Fulghum* **Worth Fulghum** **2/12/96**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	MCFADDEN, PAMELA
STREET ADDRESS	1674 OAK CIRCLE
CITY-ST-ZIP	LAKE CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GARRETT, ROBERT
STREET ADDRESS	2642 E. MONTGOMERY
CITY-ST-ZIP	LAKE CITY FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SCOTT, SUSAN
STREET ADDRESS	RT. 4, BOX 446
CITY-ST-ZIP	LAKE CITY FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	HOWELL, TINA
STREET ADDRESS	RT 11 BOX 768
CITY-ST-ZIP	LAKE CITY FL
TITLE	MD <input type="checkbox"/> DELETE
NAME	FULGHUM, WORTH
STREET ADDRESS	RT. 6, BOX 785
CITY-ST-ZIP	LAKE OAK FL
TITLE	D <input checked="" type="checkbox"/> DELETE
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	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HEEKE, ROBERT
1.3 STREET ADDRESS	1040 LAKE MONTGOMERY AV
1.4 CITY-ST-ZIP	LAKE CITY FL 32025
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 119.07(3)(k), 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.

SIGNATURE: *Pamela B. McFadden* **Pam McFadden** **2/12/96 (904) 752-3520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)