## 1-31-97 B- 163 -C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #** 

STREET ADDRESS

CITY-ST-ZIP

LAKE CITY FL 32055

PREGNANCY CRISIS CENTER OF LAKE CITY. INC.

Principal Place of Business Mailing Address 217 S. COLUMBIA ST. 217 S. COLUMBIA ST. LAKE CITY FL 32025 LAKE CITY FL 32025-7032 of 14/1985 3a. Date of Last Report 02/20/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζφ Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes Yes 🔀 No 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FULGHUM, WORTH Street Address (P.O. Box Number is Not Acceptable) 82 RT 6 BOX 785 127 DRIVE LIVE OAK FL 32060 R4 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 11 TITLE MCFADDEN, PAMELA 12 NAME NAME 1674 OAK CIRCLE STREET ADDRESS 1.3 STREET ADDRESS LAKE CITY FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE GARRETT, ROBERT FEDERICO, B.J. 2.2 NAME NAME RT. 10, Box 42P 2642 E. MONTGOMERY 2.3 STREET ADDRESS STREET ADDRESS LAKE CITY FL LAKE CITY, FLORIDA 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE SCOTT, SUSAN 3.2 NAME NAME RT. 4, BOX 446 STREET ADDRESS 3.3 STREET ADDRESS LAKE CITY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE HEEKE, ROBERT NAME 4. 2 NAME 1040 LAKE MONTGOMERY AVENUE STREET ADDRESS 4.3 STREET ADDRESS LAKE CITY FL CITY-S1-ZIP 4.4 CITY - ST- ZIP **Change** Addition MD DELETE 5.1 TITLE TITLE FULGHUM, WORTH 5.2 NAME NAME RT. 6, BOX 785 8638 127 DRIVE 5.3 STREET ADDRESS STREET ADDRESS LIKE OAK FL CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE EDENFIELD, KEN O'STEEN, LOWELL NAME 6.2 NAME 12, BOX 110 RT 2, BOX 415

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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.

andle B. MARAHRE SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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FLORIDA

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