


FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09770 (1)
 1. Corporation Name
PREGNANCY CRISIS CENTER OF LAKE CITY, INC.



Principal Place of Business 217 S. COLUMBIA ST. LAKE CITY FL 32025 US	Mailing Address 217 S. COLUMBIA ST. LAKE CITY FL 32025 US
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3. Date Incorporated or Qualified 06/14/1985	
4. FEI Number 59-2553369	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent

FULGHUM, WORTH
8638 128 DRIVE
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	MCFADDEN, PAMELA	
STREET ADDRESS	1674 OAK CIRCLE	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	FEDERICO, B.J.	
STREET ADDRESS	RT. 10, BOX 428	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/>
NAME	SCOTT, SUSAN	
STREET ADDRESS	RT. 4, BOX 446	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	SD	<input type="checkbox"/>
NAME	HEEKE, ROBERT	
STREET ADDRESS	1040 LAKE MONTGOMERY AVENUE	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	MD	<input type="checkbox"/>
NAME	FULGHUM, WORTH	
STREET ADDRESS	8638 127 DRIVE	
CITY-ST-ZIP	LAKE OAK FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	O'STEEN LOWELL	
STREET ADDRESS	RT. 12, BOX 110	
CITY-ST-ZIP	LAKE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	RT. 17, Box 2092		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Mary Sue Fulghum		
6.3 STREET ADDRESS	8638 127 Drive		
6.4 CITY-ST-ZIP	Live Oak, FL		

14. 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 annual 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 12 or Block 13 if changed as an attachment with an address.

SIGNATURE: Mary Sue Fulghum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000176
Director 1/27/98 (904) 752-3520

CR2E037 (10/97)