

FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90019 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09770

1. Corporation Name

PREGNANCY CRISIS CENTER OF LAKE CITY, INC.

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 121025 . 90019 . 8

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/14/1985
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2553369
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FULGHUM, WORTH 8638 127 DRIVE LIVE OAK FL 32060				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 - Director** DATE 1/29/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFADDEN, PAMELA	1.2 NAME	
STREET ADDRESS	1674 OAK CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDERICO, B.J.	2.2 NAME	
STREET ADDRESS	RT. 10, BOX 428	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, SUSAN	3.2 NAME	
STREET ADDRESS	RT 17 BOX 2092	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEEKE, ROBERT	4.2 NAME	
STREET ADDRESS	1040 LAKE MONTGOMERY AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULGHUM, WORTH	5.2 NAME	
STREET ADDRESS	8638 127 DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE OAK FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY SUE FULGHUM	6.2 NAME	
STREET ADDRESS	8638 127 DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Worth Fulghum **REQUIRED** DATE: Jan. 29 1999 755-0058

Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (11/98)