

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90109 013 ****61.25

DOCUMENT # N09770

1. Entity 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 32025-7032
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2553369

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULGHUM, WORTH
8638 128 DRIVE
LIVE OAK FL 32060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent; or both, in the state of Florida.

SIGNATURE *Worth B. Fulghum*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-10-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	FEDERICO, B.J.	
STREET ADDRESS	RT. 10, BOX 428	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCOTT, SUSAN	
STREET ADDRESS	RT 17 BOX 2092	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEEKE, ROBERT	
STREET ADDRESS	1040 LAKE MONTGOMERY AVENUE	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	FULGHUM, WORTH	
STREET ADDRESS	8638 127 DRIVE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARY SUE FULGHUM	
STREET ADDRESS	8638 127 DR	
CITY-ST-ZIP	LIVE OAK FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4297 W US 90 STE 29	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert M. Heeke*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 2000 **904-755-0058**
 Date Daytime Phone #

CR2E037 (9/99)