

DOCUMENT # N09770

1. Entity Name
PREGNANCY CRISIS CENTER OF LAKE CITY, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90040 046 ****61.25



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2553369 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FULGHUM, WORTH
8638 128 DRIVE
LIVE OAK FL 32060

7. Name and Address of New Registered Agent
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* 01-08-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	
TITLE	D <input type="checkbox"/> Delete
NAME	MCFADDEN, PAMELA
STREET ADDRESS	1674 OAK CIRCLE
CITY-ST-ZIP	LAKE CITY FL
TITLE	DP <input type="checkbox"/> Delete
NAME	FEDERICO, B.J.
STREET ADDRESS	4297 W US 90 STE 29
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	LAKE CITY FL
TITLE	D <input type="checkbox"/> Delete
NAME	MARY SUE FULGHUM
STREET ADDRESS	8638 127 DR
CITY-ST-ZIP	LIVE OAK FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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)(i), 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: *Betsy M. B. Federico* 1-8-2001 904-752-4815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)