


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90736 023 ****61.25

DOCUMENT # N09770					
1. Entity Name PREGNANCY CRISIS CENTER OF LAKE CITY, INC.					
Principal Place of Business 227 SW COLUMBIA AVE. LAKE CITY, FL 32025 US		Mailing Address 227 SW COLUMBIA AVE. LAKE CITY, FL 32025 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 <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Robert Pecke - DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCFADDEN, PAMELA	NAME			
STREET ADDRESS	1674 OAK CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL	CITY-ST-ZIP			
TITLE	DC <input checked="" type="checkbox"/> Delete	TITLE	Jean Ross SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FEDERICO, B.J.	NAME			
STREET ADDRESS	4297 W US 90 STE 29	STREET ADDRESS	14323 CR 252		
CITY-ST-ZIP	LAKE CITY, FL	CITY-ST-ZIP	LIVE OAK, FL 32060		
TITLE	TD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FRAZE, SUSAN	NAME	Douglas Ross		
STREET ADDRESS	RT. 16, BOX 592	STREET ADDRESS	14323 CR 252		
CITY-ST-ZIP	LAKE CITY, FL 32055	CITY-ST-ZIP	LIVE OAK, FL 32060		
TITLE	SD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEEKE, ROBERT	NAME	Susan Frazee		
STREET ADDRESS	1040 LAKE MONTGOMERY AVENUE	STREET ADDRESS	346 N.W. Ivy Gl.		
CITY-ST-ZIP	LAKE CITY, FL	CITY-ST-ZIP	Lake City, FL 32055		
TITLE	MD <input type="checkbox"/> Delete	TITLE			
NAME	FULGHUM, WORTH	NAME			
STREET ADDRESS	8638 127 DRIVE	STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	MARY SUE FULGHUM	NAME			
STREET ADDRESS	8638 127 DR	STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK, FL	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: <u>Susan L. Frazee</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/1/04</u> Daytime Phone #: <u>(386) 758-6950</u>	