

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09770

FILED
Jan 27, 2005
Secretary of State

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

Current Principal Place of Business:

227 SW COLUMBIA AVE.
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

227 SW COLUMBIA AVE.
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-2553369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULGHUM, WORTH
8638 128 DRIVE
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

FULGHUM, WORTH
8638 127TH DRIVE
LIVE OAK, FL 32060 US

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 FULGHUM

01/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: HEEKE, ROBERT
Address: 1674 OAK CIRCLE
City-St-Zip: LAKE CITY, FL

Title: SD () Delete
Name: ROSS, JEAN
Address: 14323 CR 252
City-St-Zip: LIVE OAK, FL 32060

Title: TD () Delete
Name: FRAZE, SUSAN
Address: 346 NW IVY GLN.
City-St-Zip: LAKE CITY, FL 32055

Title: SD () Delete
Name: HEEKE, ROBERT
Address: 1040 LAKE MONTGOMERY AVENUE
City-St-Zip: LAKE CITY, FL

Title: MD () Delete
Name: FULGHUM, WORTH,
Address: 8638 127 DRIVE
City-St-Zip: LIKE OAK, FL

Title: D () Delete
Name: MARY SUE FULGHUM,
Address: 8638 127 DR
City-St-Zip: LIVE OAK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: HEEKE, ROBERT
Address: 1040 LAKE MONTGOMERY AVE.
City-St-Zip: LAKE CITY, FL 32025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FRAZE, SUSAN L
Address: 346 NW IVY GLN.
City-St-Zip: LAKE CITY, FL 32055

Title: D (X) Change () Addition
Name: TERRIE, WESTER
Address: P.O. BOX 263
City-St-Zip: WHITE SPRINGS, FL 32096

Title: MD (X) Change () Addition
Name: WORTH, FULGHUM
Address: 8638 127TH DRIVE
City-St-Zip: LIVE OAK, FL 32060

Title: D (X) Change () Addition
Name: ROSS, DOUGLAS
Address: 14323 CR252
City-St-Zip: LIVE OAK, FL 32060

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN FRAZE

TD

01/27/2005

Electronic Signature of Signing Officer or Director

Date