2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # N09770 1. Entity Name PREGNANCY CRISIS CENTER OF LAKE CITY, INC.							01-17-2006 90252 027 ****61.25				
Principal Place of Business Mailing Address 227 SW COLUMBIA AVE. 227 SW COLUMBIA AVE. LAKE CITY, FL 32025 US LAKE CITY, FL 32025 U				E. US	!						
Principal Place of Business 3. M		3. Mailing	Mailing Address								
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				01122006 Chg-NP CR2E037 (11/05)				
City & Stat	e	City &	State		<u>.</u> -	-	4. FEI Numbe 59-255	3369	<u>,</u>	<u> </u>	oplied For
Zip	Country	Zip		Cou	untry			of Status Desir	ed [\$8.75 Ade	ditional
	6. Name and Address of Curren	t Registered A	nent .	<u> </u>	Τ		7 Name and	Address of N	ew Registe	Fee Require	<u> </u>
		it Nogiotaleu A	Rour		Name		. Herio una	Addicas Of It	ow region	NOO MAIN	
FULGHUM, WORTH 8638 127TH DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
	, FL 32060				- Si eet Add			3 13 110t /100ep			
							_				
1					City					FL Zip Cod	8
	tions of registered agent.										
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable	e. (NOTE	E: Flegistere	d Agent signature	required wh	nen reinstating)		D	MATE	
SIGNATURE	Signature, typed or printed name of registered age: Filling Fee is \$61.25 Due by May 1, 2006	-	9. Election Can Trust Fund C	npaign F	Financing _	\$	55.00 May E	е	Make c	theck payable tepartment of S	
SIGNATURE	Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D		9. Election Can	npaign F	Financing ion. [\$ A	5.00 May B		Make o Florida D	heck payable t	tate
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06/386)755-0058

ATTACHMENT Documen+ # N09770

pq. 2

THE: D

Name: Fraze, David E.

346 N.W. IVY GIn.

Lake City, FL 32055

Title: D

Name: Wester, John

P.O. Box 263

White Springs, FL 32096