


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90052 015 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FULGHUM, WORTH 8638 127TH 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEEKE, ROBERT	NAME			
STREET ADDRESS	1040 LAKE MONTGOMERY AVE.	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSS, JEAN	NAME			
STREET ADDRESS	14323 CR 252	STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK, FL 32060	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FRAZE, SUSAN L	NAME	T Susan Scott		
STREET ADDRESS	346 NW IVY GLN.	STREET ADDRESS	1535 NW Noege Rd		
CITY-ST-ZIP	LAKE CITY, FL 32055	CITY-ST-ZIP	Lake City, Fl. 32055		
TITLE	S/D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TERRIE, WESTER	NAME			
STREET ADDRESS	P.O. BOX 263	STREET ADDRESS	5844 57 Dr		
CITY-ST-ZIP	WHITE SPRINGS, FL 32096	CITY-ST-ZIP	Live Oak, Fl. 32060		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WORTH, FULGHUM	NAME			
STREET ADDRESS	8638 127TH DRIVE	STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK, FL 32060	CITY-ST-ZIP			
TITLE	DC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FRAZE, DAVID	NAME	DC John Wester		
STREET ADDRESS	346 NW IVY GLN	STREET ADDRESS	5844 57 Dr		
CITY-ST-ZIP	LAKE CITY, FL 32055	CITY-ST-ZIP	Live Oak, Fl. 32060		
12. I hereby 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 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: <i>Susan Scott</i> Susan Scott		Date: 4/9/08		Daytime Phone #: 386-755-0058	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					