

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09770

FILED
Mar 10, 2009
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 S W 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:

WESTER, JOHN
227 S.W COLUMBIA AVE
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEEKE, ROBERT
Address: 1040 LAKE MONTGOMERY AVE.
City-St-Zip: LAKE CITY, FL 32025

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

Title: D () Delete
Name: BALLOU, SID
Address: 14265 177TH ROAD
City-St-Zip: LIVE OAK,, FL 32060

Title: S/D () Delete
Name: TERRIE, WESTER
Address: 5844 57TH DR
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: BALLOU, DOREEN
Address: 14265 177TH ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: P/D () Delete
Name: WESTER, JOHN
Address: 5844 57TH DRIVE
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN WESTER

Electronic Signature of Signing Officer or Director

PRES

03/10/2009

Date