

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09770

FILED  
Apr 14, 2011  
Secretary of State

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

**Current Principal Place of Business:**

399 S. E. HERNANDO AVE.  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**Current Mailing Address:**

399 S. E. HERNANDO 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  
5844 57TH DRIVE  
LIVE OAK, FL 32060 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  
Name: HEEKE, ROBERT  
Address: 1040 LAKE MONTGOMERY AVE.  
City-St-Zip: LAKE CITY, FL 32025

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONNA SANDAGE

EXEC

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date