

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09770

FILED
Jan 05, 2012
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:

SANDAGE, DONNA
399 S. E. HERNANDO 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: DIRE
Name: SANDAGE, DONNA
Address: 200 S W SOUNDLESS COURT
City-St-Zip: LAKE CITY, FL 32024

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

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

Title: BM
Name: JOHN, WESTER
Address: 5844 57TH DR
City-St-Zip: LIVE OAK, FL 32060

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

Title: BM
Name: LESTOCK, NANCY
Address: 1644 S.W. SAINT JAMES CT.
City-St-Zip: LAKE CITY, FL 32025

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

DIRE

01/05/2012

Electronic Signature of Signing Officer or Director

Date