

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90074 035 \*\*\*\*61.25



**DOCUMENT # N09770**

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

Principal Place of Business  
**217 S. COLUMBIA ST.  
LAKE CITY FL 32025  
US**

Mailing Address  
**217 S. COLUMBIA ST.  
LAKE CITY FL 32025  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**227 S.W. Columbia Ave.**

3. Mailing Address  
**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Lake City, FL**

City & State  
**||**

4. FEI Number **59-2553369**

Applied For  
 Not Applicable

Zip **32025** Country **USA**

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FULGHUM, WORTH  
8638 128 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 *Worth Fulghum*  
Signature, typed or printed name of registered agent and title if applicable.

**1/23/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCFADDEN, PAMELA</b>	
STREET ADDRESS	<b>1674 OAK CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>FEDERICO, B.J.</b>	
STREET ADDRESS	<b>4297 W US 90 STE 29</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>FRAZE, SUSAN</b>	
STREET ADDRESS	<b>RT. 16, BOX 592</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HEEKE, ROBERT</b>	
STREET ADDRESS	<b>1040 LAKE MONTGOMERY AVENUE</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>FULGHUM, WORTH</b>	
STREET ADDRESS	<b>8638 127 DRIVE</b>	
CITY-ST-ZIP	<b>LAKE OAK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARY SUE FULGHUM</b>	
STREET ADDRESS	<b>8638 127 DR</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jean Ross</b>	
STREET ADDRESS	<b>14323 C.R. 252</b>	
CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Douglas Ross</b>	
STREET ADDRESS	<b>14323 C.R. 252</b>	
CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Federico, B.J.</b>	
STREET ADDRESS	<b>4297 W. U.S 90, Ste. 29</b>	
CITY-ST-ZIP	<b>LAKE CITY, FL</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Susan R. Fraze*

**1/23/03 (386) 752-6950**

CR2E037 (10/02)