FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16940** **(1)**

1. Corporation Name

WEST PASCO PREGNANCY CENTER, INC.

Principal Place of Business	Mailing Address
4636 GLISSADE DRIVE NEW PORT RICHEY FL 34652	4636 GLISSADE DRIVE NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified: **09/22/1986**

3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business — 21 Suite, Apt. #, etc — 22 City & State — 23 Zip — 24 Country — 25

2a. Mailing Address — 26 Suite, Apt. #, etc — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: **59-2728990** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROCHFORD, GEORGE T., JR.
1406 KINSMERE DRIVE
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 NONE.

84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: FRANK R. KLAUSCH Frank R. Klausch — 11/23/96
Signature, Type or print name of registered agent and title if applicable — (NOTE: Registered Agent Signature Required When Reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ROCHFORD, GEORGE T.,JR.	
STREET ADDRESS	1406 KINSMERE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SVD	☐ DELETE
NAME	ROCHFORD, FRANCES T.	
STREET ADDRESS	1406 KINSMERE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	☐ DELETE
NAME	MOSCHETTO, PATRICIA	
STREET ADDRESS	3117 CODY CT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	CD	☐ DELETE
NAME	TOBEY, JOAN	
STREET ADDRESS	1469 VENTNOR AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	☐ DELETE
NAME	RIZZO, PIO R	
STREET ADDRESS	6025 FALL RIVER DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	☐ DELETE
NAME	KLAUSCH, FRANK R	
STREET ADDRESS	5407 PALMETTO RD	
CITY-ST-ZIP	NEW PORT RICHEY FL	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FRANK R. KLAUSCH Frank R. Klausch — 11/23/96 — 813-846-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #