

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90051 013 \*\*\*\*61.25

<b>DOCUMENT # N16940</b> 1. Entity Name <b>WEST PASCO PREGNANCY CENTER, INC.</b>					
Principal Place of Business <b>6107 OHIO AVE NEW PORT RICHEY, FL 34653</b>			Mailing Address <b>6107 OHIO AVE NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business - No P.O. Box # <b>5330 George St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>5330 George St.</b> Suite, Apt. #, etc.			
City & State <b>New Port Richey, FL</b> Zip <b>34652</b> Country <b>Pasco</b>		City & State <b>New Port Richey FL</b> Zip <b>34652</b> Country <b>Pasco</b>		4. FEI Number <b>59-2728990</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07052007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>TOBEY, JOAN 1469 VENTNOR AVE TARPON SPRINGS, FL 34689</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$81.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>NORTHROP, SUELLEN</b> <b>4230 BOSTON CIR</b> <b>NEW PORT RICHEY, FL 34655</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <b>Handel Delores</b> <b>13006 B Wedgewood Way</b> <b>BayonetPoint, FL 34667</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>COLUCCI, FRED</b> <b>4748 WESTBURY CT.</b> <b>NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MOSCHETTO, PATRICIA</b> <b>4431 ONORIO ST.</b> <b>NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>TOBEY, JOAN</b> <b>1469 VENTNOR AVENUE</b> <b>TARPON SPRINGS, FL 34689</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RIZZO, PIO R</b> <b>6025 FALL RIVER DR</b> <b>NEW PORT RICHEY, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>KLAUSCH, FRANK R</b> <b>5407 PALMETTO RD</b> <b>NEW PORT RICHEY, FL 34652</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE</b>			<b>Frank R. Klausch Treasurer</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>7/6/2007</b>		