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

**FILED**
**Feb 27, 1999 8:00 am**
**Secretary of State**
02-27-1999 90060 037 ****61.25

0064033

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000000704**

1. Corporation Name

LIFE CHOICE CRISIS PREGNANCY CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10611 TAMIAMI TRAIL N<br>STE. B2<br>NAPLES FL 34108<br>US | 10611 TAMIAMI TRAIL N<br>STE B2<br>NAPLES FL 34108<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 10611 Tamiami Trail N<br>Suite, Apt. #, etc.<br>22 Suite B2<br>City & State<br>23 Naples, Fl<br>Zip / Country<br>24 34108 / 25 Collier | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27 Same<br>City & State<br>28<br>Zip / Country<br>29 / 30 | 3. Date Incorporated or Qualifed<br>02/06/1997<br>4. FEI Number ---<br>NOT APPLICABLE<br>☐ Applied For ☐ Not Applicable<br>5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

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

BLOCK, ROBERT E
8154 LOWBANK DRIVE
NAPLES FL 34109

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BLOCK, ROBERT E | | 1.2 NAME | | |
| STREET ADDRESS | 8154 LOWBANK DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34109 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BEYER, DIANE M | | 2.2 NAME | | |
| STREET ADDRESS | 3953 DEEP PASSAGE WAY | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34109 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | GOULD, NANCY | | 3.2 NAME | Gould, Nancy | |
| STREET ADDRESS | 215 CARIBBEAN ROAD | | 3.3 STREET ADDRESS | 8147 Wilshire Lakes Blvd. | |
| CITY-ST-ZIP | NAPLES FL 33963 | | 3.4. CITY-ST-ZIP | Naples, Fl 34109 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DILLER, NANCY | | 4. 2 NAME | | |
| STREET ADDRESS | 12423 COLLIER'S RESERVE DR | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34110 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | | | 5.2 NAME | LaBelle, Judi | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 8540 Mystic Greens Way #5 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Naples, Fl 34113 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. 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 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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 1-29-99 941-514-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)