2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90010 033 ****61.25

DOCUMENT # N97000000704

1. Entity Name
LIFE CHOICE CRISIS PREGNANCY CENTER, INC.

Principal Place of Business	Mailing Address
10611 TAMIAMI TRAIL N STE. B2 NAPLES, FL 34108 US	10611 TAMIAMI TRAIL N STE B2 NAPLES, FL 34108 US

02032004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
10611 Tamiami Tr. N, Ste A-4	10611 Tamiami Tr. N, Ste A-4
Suite, Apt. #, etc.: A-4	Suite, Apt. #, etc.: A-4
City & State: Naples FL	City & State: Naples, FL
Zip: 34108 Country: US	Zip: 34108 Country: US

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
DILLER, NANCY 12423 COLLIERS RESERVE DR NAPLE, FL 34710	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: Nancy Diller Nancy Diller 4-14-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOVER, CAROLYN 826 ANCHOR RODE DR NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Beckner, Renee S. 4910 Tamiami Tr. N, Ste 216 Naples, FL 34103	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEYER, DIANE M 3953 DEEP PASSAGE WAY NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Eardley, Robert H. 11550 Night Heron Dr. Naples, FL 34119	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLER, NANCY 12423 COLLIER'S RESERVE DR NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Miller, Lisa K. 962 esrove Dr. Naples, FL 34120	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHELPS, LOIS 7557 CORDOBA CIRCLE NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEYER, Diane M 3348 Caymanya Naples, FL 34119	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, DAVID 4260 LONGSHORE WAY S NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hanson, Diane M. 4658 Catalina Ln Bonita Springs, FL 34134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Nancy Diller Nancy Diller 4-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #