2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	01-10-2005 90020 003 ****61.25

DOCUMENT # N97000000704 LIFE CHOICE CRISIS PREGNANCY CENTER, INC. Principal Place of Business Mailing Address 50001198 10611 TAMIAMI TRAIL N 10611 TAMIAMI TRAIL N STE A-4 STE A-4 NAPLES, FL 34108 US NAPLES, FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DILLER, NANCY 12423 COLLIERS RESERVE DR Street Address (P.O. Box Number is Not Acceptable) NAPLE, FL 34710 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ח TITLE Director ☐ Change Addition Delete TITLE mark Hempen HOOVER, CAROLYN NAME NAME 28691 Spring Tide a. STREET ADDRESS 826 ANCHOR RODE DR STREET ADDRESS Bonita Springs .FL 84135 CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP D DIRECTOR Addition TITLE Delete TITI F Change Robert EARdley BEYER, DIANE M NAME NAME 181 West St. STREET ADDRESS 3348 CAYMAN LN STREET ADDRESS NAPLES, FL 34119 CITY-ST-ZIP CITY-ST-ZIP naples. FL 34108 Director Lisa Miller 962 G-Rove Dr Addition D TITLE Delete TITLE DILLER, NANCY NAME NAME 12423 COLLIER'S RESERVE DR STREET ADDRESS STREET ADDRESS Naples, FL 34120 NAPLES, FL 34110 CITY-ST-ZIP --CITY-ST-ZIP Director Deanna Pouett Change Delete Addition TITLE D TITI F PHELPS, LOIS NAME NAME naples, FL 34108 STREET ADDRESS 7557 CORDOBA CIRCLE STREET ADDRESS CITY-ST-7IP NAPLES, FL 34109 CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE MILLER, DAVID NAME NAME STREET ADDRESS 4260 LONGSHORE WAY S STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP ☐ Delete TITLE Сhange ☐ Addition TITLE BECKNER, RENEE S NAME NAME STREET ADDRESS STREET ADDRESS 4910 TAMIAMI TR N STE 216 CITY-ST-ZIP NAPLES, FL 34103 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: _	Mary Delle	1-5-05	239-513-9773
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #