

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90108 011 ****61.25

DOCUMENT # N97000000704

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



Principal Place of Business
10611 TAMiami TRAIL N
STE A-4
NAPLES, FL 34108 US

Mailing Address
10611 TAMiami TRAIL N
STE A-4
NAPLES, FL 34108 US

50013790



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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 **CAROLYN HOOVER**

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

826 ANCHOR RODE DR

City **NAPLES**

FL Zip Code **34103**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 D ☐ Delete
NAME HOOVER, CAROLYN
STREET ADDRESS 826 ANCHOR RODE DR
CITY-ST-ZIP NAPLES, FL 34103

TITLE **Director** ☐ Change ☒ Addition
NAME **Deanna Pruett**
STREET ADDRESS **6963 Verde Way**
CITY-ST-ZIP **Naples, FL 34108**

TITLE D ☒ Delete
NAME BEYER, DIANE M
STREET ADDRESS 3348 CAYMAN LN
CITY-ST-ZIP NAPLES, FL 34119

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **LISA MILLER**
STREET ADDRESS **962 GROVE DR.**
CITY-ST-ZIP **Naples, FL 34120**

TITLE D ☒ Delete
NAME DILLER, NANCY
STREET ADDRESS 12423 COLLIER'S RESERVE DR
CITY-ST-ZIP NAPLES, FL 34110

TITLE **Director** ☐ Change ☒ Addition
NAME **Fredy Galante**
STREET ADDRESS **6540 Golden Gate Parkway**
CITY-ST-ZIP **Naples, FL 34105**

TITLE D ☐ Delete
NAME HEMPEN, MARK
STREET ADDRESS 28691 SPRING TIDE CT
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE **Director** ☐ Change ☐ Addition
NAME **Trudy Eisel**
STREET ADDRESS **5256 Coralwood Dr**
CITY-ST-ZIP **Naples, FL 34119**

TITLE D ☒ Delete
NAME PRUETT, DIANA
STREET ADDRESS 792 TRAMORE LN
CITY-ST-ZIP NAPLES, FL 34108

TITLE **Director** ☐ Change ☒ Addition
NAME **Robert Eardley**
STREET ADDRESS **4001 Tamiami Tr. N Ste 330**
CITY-ST-ZIP **Naples, FL 34103**

TITLE D ☒ Delete
NAME BECKNER, RENEE S
STREET ADDRESS 4910 TAMiami TR N STE 216
CITY-ST-ZIP NAPLES, FL 34103

TITLE **Director** ☐ Change ☒ Addition
NAME **Cindy Case**
STREET ADDRESS **710 Clarendon Ct.**
CITY-ST-ZIP **Naples FL 34109**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.A. Hoover **C.A. HOOVER** 4/15/06