2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N97000000704

Entity Name: LIFE CHOICE CRISIS PREGNANCY CENTER, INC.

Current Principal Place of Business:

10611 TAMIAMI TRAIL N
STE A-4
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

10611 TAMIAMI TRAIL N
STE A-4
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRUETT, DEANNA
6963 VEROE WAY
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

PRUETT, DEANNA
6963 VERDE WAY
NAPLES, FL 34108 US

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.

SIGNATURE: _____ 04/09/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOOVER, CAROLYN
Address: 826 ANCHOR RODE DR
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: PRUETT, DEANNA
Address: 6963 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: EISEL, TRUDY D
Address: 5256 CORAL WOOD DRIVE
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: HEMPEN, MARK
Address: 28691 SPRING TIDE CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: CHANCY, KAREN
Address: 5944 SANDWEDGE LANE #1101
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: CASE, CINDY
Address: 710 CLARENDON CT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CASE, CINDY
Address: 710 CLAREDON COURT
City-St-Zip: NAPLES, FL 34109

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CHANCY, KAREN
Address: 5815 PERSIMMON WAY
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change ( ) Addition
Name: JOHNSON, KATHLEEN
Address: 331 DOVER PLACE #201
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY CASE D 04/09/2009
Electronic Signature of Signing Officer or Director — Date