

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16940

FILED
Feb 21, 2009
Secretary of State

Entity Name: WEST PASCO PREGNANCY CENTER, INC.

Current Principal Place of Business:

5330 GEORGE ST
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5330 GEORGE ST
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-2728990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEVMELSTEIN, PAT
14343 TEASDALE AVE
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

MERMELSTEIN, PATRICIA
14343 TEASDALE AVE
HUDSON, FL 34667 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: PATRICIA MERMELSTEIN

02/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: DELORES, HANDEL
Address: 13006 B WEDGEWOOD WAY
City-St-Zip: BAYONETPOINT, FL 34667

Title: DP () Delete
Name: MEPMELSTEIN, PAT
Address: 14343 TEASDALE AVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: MOSCHETTO, PATRICIA
Address: 4431 ONORIO ST.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DT () Delete
Name: MARTIN, BONNIE
Address: 5749 SEA BREEZE DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: RIZZO, PIO R
Address: 6025 FALL RIVER DR
City-St-Zip: NEW PORT RICHEY, FL

Title: D () Delete
Name: HAMMER, DAVID REV
Address: 10122 RINGLING STREET
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DELORES, HANDEL
Address: 13006 B WEDGEWOOD WAY
City-St-Zip: BAYONETPOINT, FL 34667

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

Title: D (X) Change () Addition
Name: REESE, CHARLIE
Address: 19907 READING RD.
City-St-Zip: LUTZ, FL 33558

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

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

Title: DS (X) Change () Addition
Name: CAREY, WILLIAM
Address: 12816 IRONWOOD CIRCLE
City-St-Zip: BAYONET POINT, FL 34667

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: BONNIE M. MARTIN

DT

02/21/2009

Electronic Signature of Signing Officer or Director

Date