

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006801

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** SANFORD CRISIS PREGNANCY CENTER, INC.

**Current Principal Place of Business:**

1002 FRENCH AVE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

1002 FRENCH AVE  
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number:** 59-3458060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BINGHAM, CAROLYN  
101 E CRYSTAL VIEW  
SANFORD, FL 32773 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTR  
Name: KRAZEISE, ANDREA  
Address: 2169 NORTHUMBRIA DR  
City-St-Zip: SANFORD, FL 32771

Title: S  
Name: SUTCH, WENDY  
Address: 2670 REGAL PINE TRAIL  
City-St-Zip: OVIEDO, FL 32766

Title: TR  
Name: NIELSON, MARY  
Address: 826 TOMLINSON TERR  
City-St-Zip: LAKE MARY, FL 32746

Title: T  
Name: DETMER, MAUREEN  
Address: 111 ROCKHILL DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: VTR  
Name: KRAZEISE, DAVID  
Address: 2169 NORTHUMBRIA DR  
City-St-Zip: SANFORD, FL 32771

Title: TR  
Name: WHITTEN, DONALD  
Address: 129 MAYFAIR CIR  
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: ANDREA KRAZEISE

PRES

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date