

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730792

Entity Name: COMMUNITY PREGNANCY CLINICS, INC.

Current Principal Place of Business:

940 FIFTH AVE N
NAPLES, FL 34102

Current Mailing Address:

P.O. BOX 7608
NAPLES, FL 34101 US

FEI Number: 51-0204833

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INGOLD, GARY
940 FIFTH AVE N
NAPLES, FL 34102 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: GARY INGOLD

04/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST CHAIRMAN
Name BARONE, LUCIA
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title TREASURER
Name KACZKA, JEFF
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name FERRAO, TINA
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title SECRETARY
Name BURKE, CONNIE
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title CHAIRMAN
Name JOYCE, DAVID
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title CEO
Name INGOLD, GARY
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name MCCLEAR, BILL
Address 940 FIFTH AVENUE N.
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name DALUM, MARIPAT
Address 940 FIFTH AVENUE N.
City-State-Zip: NAPLES FL 34102

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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: GARY INGOLD

CEO

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHANCY, KAREN
Address 940 FIFTH AVENUE N.
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name BLANFORD, LYNN
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102