

2017 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

FEI Number: 51-0204833

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STEWART, JAMES C JR
9180 GALLERIA COURT
SUITE 700
NAPLES, FL 34109 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: JAMES STEWART

03/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 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 MURPHY, MAUREEN
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 DIRECTOR
Name LEWIS, CHARLES
Address 940 5TH AVENUE NORTH
City-State-Zip: NAPLES FL 34102

Title VC
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

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 C. INGOLD

CEO BOARD MEMBER

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date