

**2018 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:**

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**

**04/12/2018**

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 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 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

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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**

**04/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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