2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730792

Entity Name: COMMUNITY PREGNANCY CLINICS, INC.

Apr 03, 2024 **Secretary of State** 0461120774CC

FILED

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:

BAIER, SCOTT 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: SCOTT BAIER 04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

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

Title **SECRETARY** Title DIRECTOR

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

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

Title DIRECTOR Title DIRECTOR

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

04/03/2024 SIGNATURE: SCOTT BAIER CEO

Officer/Director Detail Continued:

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

Title DIRECTOR

Name MURPHY, MAUREEN
Address 940 5TH AVENUE N.

City-State-Zip: NAPLES FL 34102

Title CEO

Name BAIER, SCOTT
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title DIRECTOR

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

Title DIRECTOR

Name MUSICCO, GERRIE
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102