

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03843

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC3481721462**

**Entity Name:** PREGNANCY RESOURCES, INC.

**Current Principal Place of Business:**

165 N.BABCOCK ST  
MELBOURNE, FL 32935

**Current Mailing Address:**

165 N. BABCOCK ST  
MELBOURNE, FL 32935

**FEI Number:** 59-2542341

**Certificate of Status Desired:** No

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

MINOT, MICHAEL ESQ  
319 RIVERIDGE BLVD STE 218  
COCOA, FL 32922 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           WELCH, JOHN  
Address        2571 OKLAHOMA ST  
City-State-Zip: MELBOURNE FL 32904

Title           VICE-PRESIDENT  
Name           GRAFF, LYNETTE  
Address        5 ROSSETTER CIRCLE  
City-State-Zip: INDIALANTIC FL 32903

Title           PRESIDENT  
Name           EVANS, LINDA  
Address        3175 KNIGHT OAK CT  
City-State-Zip: MELBOURNE FL 32934

Title           SECRETARY  
Name           MILLER, JUDY  
Address        138 NATALIE CIRCLE NE  
City-State-Zip: PALM BAY FL 32907

Title           BOARD MEMBER  
Name           SAUTEER, KURT  
Address        301 S BREVARD AVE  
City-State-Zip: COCOA BEACH FL 32931

Title           BOARD MEMBER  
Name           ROBERTSON, JASON  
Address        5437 ENCHANTED AVE  
City-State-Zip: TITUSVILLE FL 32780

Title           BOARD MEMBER  
Name           VAN SOMEREN, MATT  
Address        1300 BERRY HILL DRIVE  
City-State-Zip: MELBOURNE FL 32935

Title           BOARD MEMBER  
Name           MALONE, LESLIE  
Address        6235 N US #1  
City-State-Zip: MELBOURNE FL 32940

*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:** LINDA EVANS

**OFFICE MANAGER**

**03/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date