

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06000006200

**Entity Name:** THE WAKULLA PREGNANCY CENTER, INC.

**Current Principal Place of Business:**

886 WOODVILLE HWY  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

POST OFFICE BOX 1121  
CRAWFORDVILLE, FL 32326

**FEI Number:** 20-5189403

**Certificate of Status Desired:** No

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

CHATHAM, ANGELA B  
32 DUCK POND DRIVE  
CRAWFORDVILLE, FL 32327 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:** ANGELA CHATHAM

10/23/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name TAYLOR, BRUCE  
Address 200 FRIENDSHIP CHURCH ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title PRESIDENT  
Name PARKS, RICHARD  
Address 219 MAGNOLIA RIDGE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR  
Name RUSSELL, WILLIAM  
Address PO BOX 760  
City-State-Zip: PANACEA FL 32346

Title SECRETARY  
Name HOFFMAN, MANDI  
Address 68 MAGNOLIA RIDGE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title EXECUTIVE DIRECTOR  
Name CHATHAM, ANGELA B  
Address 32 DUCK POND DRIVE  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** ANGELA CHATHAM

EXECUTIVER DIRECTOR

10/23/2017

Electronic Signature of Signing Officer/Director Detail

Date