

2016 FLORIDA NOT FOR PROFIT CORPORATION 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

02/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CONN, TIFFANY W
Address 2724 JUNCTURE DR
City-State-Zip: TALLAHASSEE FL 32305

Title TREASURER
Name SMITH, CAROLYN
Address 90 FOX RUN CIRCLE
City-State-Zip: CRAWFORDVILLE FL 32327

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

Title D
Name COHEA, JONATHAN
Address 8261 GREENMONT AVE
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name PARKS, RICHARD
Address 219 MAGNOLIA RIDGE
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: CAROLYN SMITH

TREASURER

02/22/2016

Electronic Signature of Signing Officer/Director Detail

Date