

**2015 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:**HOLSHOUSER, 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	CROSBY, PAULA
Address	POST OFFICE BOX 1121
City-State-Zip:	CRAWFORDVILLE FL 32326

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

*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****02/26/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date