

2021 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:

PILKINTON, PAMELA
886 WOODVILLE HWY
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: PAMELA PILKINTON

01/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name CHATHAM, BRYAN
Address 32 DUCK POND DRIVE
City-State-Zip: CRAWFORDVILLE FL 32327

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

Title EXECUTIVE DIRECTOR
Name PILKINTON, PAMELA
Address 160 SHADOW OAK CIR
City-State-Zip: CRAWFORDVILLE FL 32327

Title TREASURER
Name CURLEE, DIANE
Address 886 WOODVILLE HWY
City-State-Zip: CRAWFORDVILLE FL 32327

Title SECRETARY
Name CARRAWAY, CHARLIE
Address 886 WOODVILLE HWY
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name DIAL, ALAN
Address 886 WOODVILLE HWY
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: PAMELA PILKINTON

EXECUTIVE DIRECTOR

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date