

2013 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	P
Name	CROSBY, PAULA
Address	POST OFFICE BOX 1121
City-State-Zip:	CRAWFORDVILLE FL 32326

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

Title	S
Name	CARRAWAY, CHARLIE
Address	POST OFFICE BOX 1121
City-State-Zip:	CRAWFORDVILLE FL 32326

Title	VP
Name	HALL, DENNIS
Address	POST OFFICE BOX 1121
City-State-Zip:	CRAWFORDVILLE FL 32326

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: TIFFANY W CONN**TREASURER****03/27/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date