

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09770

Entity Name: PREGNANCY CRISIS CENTER OF LAKE CITY, INC.

Current Principal Place of Business:

130 N W HILTON AVENUE
LAKE CITY, FL 32055

Current Mailing Address:

130 NW HILTON AVENUE
LAKE CITY, FL 32055 US

FEI Number: 59-2553369

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDAGE, DONNA
130 N W HILTON AVENUE
LAKE CITY, FL 32055 US

FILED
Mar 11, 2020
Secretary of State
0033390957CC

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 DIRE
Name SANDAGE, DONNA
Address 200 S W SOUNDLESS COURT
City-State-Zip: LAKE CITY FL 32024

Title BM
Name LESTOCK, NANCY
Address 150 SW VANN COURT
City-State-Zip: LAKE CITY FL 32024

Title BOARD MEMBER
Name SWART, KAREN
Address 6915 RAILROAD ST.
City-State-Zip: LIVE OAK FL 32060

Title BOARD MEMBER
Name ADAMS, LLOYD
Address 4144 82ND TERRACE
City-State-Zip: LIVE OAK FL 32060

Title BOARD MEMBER
Name WOODARD, ROBERT
Address 1279 SW CASTLE HEIGHTS TERRACE
City-State-Zip: LAKE CITY FL 32025

Title BOARD MEMBER
Name GUNTER, HERMAN IV
Address 9946 CR 136
City-State-Zip: LIVE OAK FL 32060

Title BOARD MEMBER
Name WESTER, JOHN
Address 5844 57TH DRIVE
City-State-Zip: LIVE OAK FL 32060

Title BOARD MEMBER
Name LUNDE, STEPHANIE
Address 400 NW HORIZON ST
 NONE
City-State-Zip: LAKE CITY FL 32055

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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: DONNA SANDAGE

EXECUTIVE DIRECTOR

03/11/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name SIMMONS, LARRY
Address 517 NW HORIZON ST.
NONE
City-State-Zip: LAKE CITY FL 32055