

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09770

**FILED**  
**Feb 21, 2017**  
**Secretary of State**  
**CC9636554083**

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

**Current Principal Place of Business:**

399 S. E. HERNANDO AVE.  
LAKE CITY, FL 32025

**Current Mailing Address:**

399 S. E. HERNANDO AVE.  
LAKE CITY, FL 32025 US

**FEI Number:** 59-2553369

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SANDAGE, DONNA  
399 S. E. HERNANDO AVE.  
LAKE CITY, FL 32025 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 DIRE  
Name SANDAGE, DONNA  
Address 200 S W SOUNDLESS COURT  
City-State-Zip: LAKE CITY FL 32024

Title BM  
Name KENNINGTON, DONNA  
Address 150 SW BETHANY PLACE  
City-State-Zip: LAKE CITY FL 32024

Title BM  
Name BALLOU, SIDNEY JR.  
Address 14265 177TH ROAD  
City-State-Zip: LIVE OAK, FL 32060

Title BM  
Name LESTOCK, NANCY  
Address 1644 S.W. SAINT JAMES CT.  
City-State-Zip: LAKE CITY FL 32025

Title B  
Name WILLIAMS, MARY  
Address 291 S E COUNTRY CLUB ROAD  
City-State-Zip: LAKE CITY FL 32025

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

Title BOARD MEMBER  
Name DAVID, SHAPIRO  
Address 12979 74TH TERRACE  
City-State-Zip: LIVE OAK FL 32060

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

**Continues on page 2**

*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**

**02/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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