

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09770

FILED
Mar 07, 2014
Secretary of State
CC6487156798

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 ROSS, JEAN
Address 14323 CR 252
City-State-Zip: LIVE OAK FL 32060

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

Title BM
Name JOHN, WESTER
Address 5844 57TH DR
City-State-Zip: LIVE OAK FL 32060

Title BM
Name BALLOU, DOREEN
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 BM
Name CONKLIN, SHELBY
Address 125 S. W. MALLARD GLEN
City-State-Zip: LAKE CITY FL 32024

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

03/07/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BD
Name JONES, ANGIE
Address 1564 NW FRONTIER DR
City-State-Zip: LAKE CITY FL 32055