

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009507

Entity Name: THE PREGNANCY CENTER OF GADSDEN COUNTY, INC.

Current Principal Place of Business:

116 E 6TH AVE
HAVANA, FL 32333

Current Mailing Address:

PO BOX 573
HAVANA, FL 32333

FEI Number: 45-3687829

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERSKINE, ERIC R
220 COUNTRY CLUB DR
HAVANA, FL 32333 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 ERSKINE, ERIC R
Address 220 COUNTRY CLUB DR
City-State-Zip: HAVANA FL 32333

Title VP
Name BARINEAU, IVAN DR.
Address PO BOX 573
City-State-Zip: HAVANA FL 32333

Title ST
Name HUTCHESON, CAROL
Address 573 GOULD RD
City-State-Zip: QUINCY FL 32351

Title MEMBER AT LARGE
Name HARRIS, DOUGLAS REV
Address PO BOX 573
City-State-Zip: HAVANA FL 32333

Title MEMBER AT LARGE
Name DONAHOE, CONNIE
Address PO BOX 573
City-State-Zip: HAVANA FL 32333

Title SECRETARY
Name BREWINGTON, MARY
Address PO BOX 573
City-State-Zip: HAVANA FL 32333

Title EXECUTIVE DIRECTOR
Name NELSON, KIMBERLY LAUREN MRS.
Address PO BOX 573
City-State-Zip: HAVANA FL 32333

Title OTHER
Name KIMBLE, CYNTHIA DR.
Address PO BOX 573
City-State-Zip: HAVANA FL 32333

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: KIMBERLY NELSON

EXECUTIVE DIRECTOR

02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date