

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16940

Entity Name: WEST PASCO PREGNANCY CENTER, INC.**Current Principal Place of Business:**8125 US HIGHWAY 19
PORT RICHEY, FL 34668**Current Mailing Address:**8125 US HIGHWAY 19
PORT RICHEY, FL 34668 US**FEI Number:** 59-2728990**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SUTHERLIN, JAMES
8125 US HIGHWAY 19
PORT RICHEY, FL 34668 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:** JAMES SUTHERLIN

04/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MCFADDEN, CHRIS
Address 8125 US HIGHWAY 19
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR
Name SUTHERLIN, JAMES
Address 8125 US HIGHWAY 19
City-State-Zip: PORT RICHEY FL 34668

Title VP
Name JONES, CAROL
Address 8125 US HIGHWAY 19
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR
Name CARR, GREGORY
Address 8125 US HIGHWAY 19
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR
Name POULETTE, DENNIS ROGER
Address 11628 LEDA LN
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name POULETTE, JANELL CHRISTINA
Address 11628 LEDA LN
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name SHOGEN, JIHAN
Address 7730 IVORY TER
City-State-Zip: NEW PORT RICHEY FL 34655

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: JAMES SUTHERLIN**REGISTERED AGENT**

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date