

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47015

**Entity Name:** PREGNANCY CARE CENTER OF PLANT CITY, INC.

**Current Principal Place of Business:**

304 NORTH COLLINS STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

PO BOX 2552  
PLANT CITY, FL 33564

**FEI Number:** 59-3139161

**Certificate of Status Desired:** No

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

DAVIS, DARLENE  
304 N. COLLINS STREET  
PLANT CITY, FL 33563 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 PD  
Name DAVIS, COLEMAN  
Address 2605 ROBIN DRIVE  
City-State-Zip: PLANT CITY FL 33563

Title VP  
Name ATHEY, SKIP  
Address 4112 LONE HAVEN LANE  
City-State-Zip: PLANT CITY FL 33567

Title SEC  
Name ROPER, BOBBIE  
Address P.O. BOX 254  
City-State-Zip: SYDNEY FL 33587

Title TREA  
Name BALLARD, LAUREN  
Address 1415 PLANTATION CIRCLE, #805  
City-State-Zip: PLANT CITY FL 33566

Title DIRECTOR  
Name DAVIS, DARLENE  
Address 191 DUANE PLACE  
City-State-Zip: LAKELAND FL 33815

*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:** DARLENE DAVIS

**DIRECTOR**

**01/09/2013**

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

\_\_\_\_\_  
Date