

**2023 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:**

304 NORTH COLLINS STREET  
PLANT CITY, FL 33563 US

**FEI Number:** 59-3139161

**Certificate of Status Desired:** No

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

NELSON, SANDI  
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:** SANDI NELSON

01/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BALLARD, LAUREN  
Address        4115 SILVERMOON DR  
City-State-Zip: PLANT CITY FL 33566

Title           EXECUTIVE DIRECTOR  
Name           NELSON, SANDI  
Address        4632 KEENE RD  
City-State-Zip: PLANT CITY FL 33565

Title           DIRECTOR  
Name           HENDRY, BYRON  
Address        602 PENINSULAR DR  
City-State-Zip: LAKELAND FL 33813

Title           DIRECTOR  
Name           YARBROUGH, MARK  
Address        3318 SAM ALLEN OAKS CIRCLE  
City-State-Zip: PLANT CITY FL 33565

Title           CHAIRMAN  
Name           WITCHOSKEY, MIKE  
Address        4918 W SAM ALLEN RD  
City-State-Zip: PLANT CITY FL 33565

Title           DIRECTOR  
Name           YARBROUGH, LORI  
Address        3318 SAM ALLEN OAKS CIRCLE  
City-State-Zip: PLANT CITY FL 33565

Title           SECRETARY  
Name           VENNING, KEITH  
Address        2201 PARKVIEW DR  
City-State-Zip: PLANT CITY FL 33563

Title           DIRECTOR  
Name           WITCHOSKEY, JANET  
Address        4918 W. SAM ALLEN RD.  
City-State-Zip: PLANT CITY FL 33565

**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:** LAUREN BALLARD

**TREASURER**

01/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RAMOS-CROWELL, LIZAIDA  
Address 4614 W. KNIGHTS GRIFFIN RD.  
City-State-Zip: PLANT CITY FL 33565

Title VC  
Name HAM, TONY  
Address 4712 KEENE RD  
City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR  
Name FOXX, VERONICA  
Address 3622 TRAPNELL RIDGE DR.  
City-State-Zip: PLANT CITY FL 33567

Title DIRECTOR  
Name LAWSON, LINDA  
Address 5302 FULWOOD DR  
City-State-Zip: PLANT CITY FL 33565