

2019 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

01/17/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TREA
Name BALLARD, LAUREN
Address 4115 SILVER MOON DR
City-State-Zip: PLANT CITY FL 33566

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

Title VC
Name VAN OOSTEN, CHARLES
Address 2723 HORSESHOE DR
City-State-Zip: PLANT CITY FL 33566

Title SECRETARY
Name BENDER, BILL
Address 6104 BARTON RD
City-State-Zip: PLANT CITY FL 33565

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: SANDI NELSON

CEO

01/17/2019

Electronic Signature of Signing Officer/Director Detail

Date