2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47015

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

FILED Jan 13, 2021 **Secretary of State** 4533057881CC

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 01/13/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	TREA	Title	EXECUTIVE DIRECTOR
Name	BALLARD, LAUREN	Name	NELSON, SANDI
Address	4115 SILVER MOON DR	Address	4632 KEENE RD
City-State-Zip:	PLANT CITY FL 33566	City-State-Zip:	PLANT CITY FL 33565

Title **SECRETARY** Title **CHAIRMAN** Name HENDRY, BYRON Name VAN OOSTEN, CHARLES Address 602 PENINSULAR DR Address 2723 HORSESHOE DR LAKELAND FL 33813 City-State-Zip: PLANT CITY FL 33566 City-State-Zip:

BOARD MEMBER Title VC Title Name CONNORS, JOAN Name YARBROUGH, MARK Address 1404 MCLIN DRIVE Address 3318 SAM ALLEN OAKS CIRCLE City-State-Zip: PLANT CITY FL 33565 PLANT CITY FL 33565 City-State-Zip:

Title **BOARD MEMBER** Title **BOARD MEMBER** Name JOHNSON, APRIL DR. HARROLD, FRED JR. Name 6901 WILDWOOD OAK DR Address 907 SANDALWOOD DR Address City-State-Zip: TAMPA FL 33617

City-State-Zip: PLANT CITY FL 33563

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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.

01/13/2021 SIGNATURE: SANDI NELSON EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title BOARD MEMBER

Name WITCHOSKEY, MIKE & JANET

Address 4918 W SAM ALLEN RD

City-State-Zip: PLANT CITY FL 33565

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

Title BOARD MEMBER

Name YARBROUGH, LORI

Address 3318 SAM ALLEN OAKS CIRCLE

City-State-Zip: PLANT CITY FL 33565