

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47015

FILED
Jan 13, 2021
Secretary of State
4533057881CC

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

01/13/2021

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

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

Title	BOARD MEMBER	Title	BOARD MEMBER
Name	HARROLD, FRED JR.	Name	JOHNSON, APRIL DR.
Address	907 SANDALWOOD DR	Address	6901 WILDWOOD OAK DR
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	TAMPA FL 33617

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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.

SIGNATURE: SANDI NELSON

EXECUTIVE DIRECTOR

01/13/2021

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

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