2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2020
Secretary of State
6341245655CC

DOCUMENT# N97000000704

Entity Name: LIFE CHOICE CRISIS PREGNANCY CENTER, INC.

Current Principal Place of Business:

26951 COUNTRY CLUB DR.
BONITA SPRINGS, FL 34134

Current Mailing Address:

26951 COUNTRY CLUB DR.
BONITA SPRINGS, FL 34134 US

FEI Number: 59-3427729

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PHILLIPS HARVEY GROUP
801 LAUREL OAK DR. SUITE 303
NAPLES, FL 34108 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: NATHAN A PHILLIPS 04/22/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	OFFICER
Name	ANDERSON, JOHN
Address	26911 SOUTH BAY DR.
City-State-Zip:	BONITA SPRINGS FL 34134

Title	VC
Name	BERG, DAVID
Address	6605 SOUTHFORK
City-State-Zip:	NAPLES FL 34108

Title	SECRETARY
Name	SCOTT, SUZY
Address	9611 CYPRESS HAMMOCK CIRCLE #202
City-State-Zip:	BONITA SPRINGS FL 34135

Title	TREASURER
Name	POOLE, JOHN
Address	26951 COUNTRY CLUB DR.
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	CUSTER, JANET
Address	14845 FRIPP ISLAND CT
City-State-Zip:	NAPLES FL 34119

Title	CHAIRMAN
Name	BELL, BRAD
Address	552 14TH AVE S
City-State-Zip:	NAPLES FL 34102

Title	OFFICER
Name	FISHER, SALLY
Address	34134 MIRA WAY
City-State-Zip:	BONITA SPRINGS FL 34134

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: JANET CUSTER EXECUTIVE DIRECTOR 04/22/2020

Electronic Signature of Signing Officer/Director Detail — Date