2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2016
Secretary of State
CC0311048676

DOCUMENT# N97000000704

Entity Name: LIFE CHOICE CRISIS PREGNANCY CENTER, INC.

Current Principal Place of Business:

10611 TAMIAMI TRAIL N
STE A-4
NAPLES, FL 34108

Current Mailing Address:

10611 TAMIAMI TRAIL N
STE A-4
NAPLES, FL 34108 US

FEI Number: 59-3427729

Certificate of Status Desired: No

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 01/12/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIR
Name	LOEROP, JONATHAN
Address	14182 FALL CREEK CT
City-State-Zip:	NAPLES FL 34114

Title	OFFICER
Name	DEANGELIS, JOHN
Address	2316 HARRIER RUN
City-State-Zip:	NAPLES FL 34105

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

Title	SECRETARY
Name	ROEBACK, LINDA
Address	6464 AUTUMN WOODS BLVD.
City-State-Zip:	NAPLES FL 34109

Title	OFFICER
Name	MILLER, STUART
Address	131 CAJEPUT DR
City-State-Zip:	NAPLES FL 34108

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

Title	TREASURER
Name	ZEPEDA, CARA
Address	6556 MARBELLA LANE
City-State-Zip:	NAPLES FL 34105

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

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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: JANET CUSTER EXECUTIVE DIRECTOR 01/12/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	OFFICER
Name	MILLER, HOLLY
Address	10260 WINDSOR WAY
City-State-Zip:	NAPLES FL 34109