

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:

TAX & ACCOUTNING OF SWFL, LLC
809 WALKERBILT ROAD # 6
NAPLES, FL 34110 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: BENJAMIN COTTRELL JR

04/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name SCOTT, PRICE
Address 7020 HUNTERS RD
City-State-Zip: NAPLES FL 34109

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

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

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

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

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

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: CUSTER , JANET

DIRECTOR

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date