#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006801

Entity Name: SANFORD CRISIS PREGNANCY CENTER, INC.

FILED Apr 22, 2013 Secretary of State CC2101799718

# **Current Principal Place of Business:**

1002 FRENCH AVE SANFORD, FL 32771

## **Current Mailing Address:**

1002 FRENCH AVE SANFORD, FL 32771 US

FEI Number: 59-3458060 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BINGHAM, CAROLYN 101 E CRYSTAL VIEW SANFORD, FL 32773 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PTR Title S

Name KRAZEISE, ANDREA Name SUTCH, WENDY

Address 2169 NORTHUMBRIA DR Address 2670 REGAL PINE TRAIL

City-State-Zip: SANFORD FL 32771 City-State-Zip: OVIEDO FL 32766

Title TR Title T

NameNIELSON, MARYNameDETMER, MAUREENAddress826 TOMLINSON TERRAddress111 ROCKHILL DRIVECity-State-Zip:LAKE MARY FL 32746City-State-Zip:SANFORD FL 32771

Title VTR Title TR

NameKRAZEISE, DAVIDNameWHITTEN, DONALDAddress2169 NORTHUMBRIA DRAddress129 MAYFAIR CIRCity-State-Zip:SANFORD FL 32771City-State-Zip:SANFORD FL 32771

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: ANDREA KRAZEISE

PRESIDENT & DIRECTOR 04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date