

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728864

FILED
Feb 11, 2010
Secretary of State

Entity Name: CRISIS PREGNANCY CENTER OF GAINESVILLE, INC.

Current Principal Place of Business:

912 NW 13TH ST.
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

912 NW 13TH ST.
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 51-0167190 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STUDSTILL, TANIA M E.D.
7127 S.W. 80TH WAY
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VC
Name: KICKLIGHTER, PAULA
Address: 259 OLD HAWTHORNE RD
City-St-Zip: HAWTHORNE, FL 32640

Title: S
Name: TURLINGTON, SUSAN
Address: 2615 NW 6TH ST
City-St-Zip: GAINESVILLE, FL 32609

Title: T
Name: WILLIAMS, JANET
Address: 3803 NE 11TH TERR
City-St-Zip: GAINESVILLE, FL 32609

Title: C
Name: KNOTT, KAREN
Address: 6305 NW 132 ST
City-St-Zip: GAINESVILLE, FL 32653

Title: D
Name: BENTON, TOM DR
Address: 3641 NW 23 PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: CEO
Name: STUDSTILL, TANIA M
Address: 7127 S.W. 80TH WAY
City-St-Zip: GAINESVILLE, FL 32608

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: TANIA STUDSTILL

CEO

02/11/2010

Electronic Signature of Signing Officer or Director

Date