

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730196

FILED  
Jan 18, 2005  
Secretary of State

**Entity Name:** PREGNANCY HELP AND INFORMATION CENTER, INC.

**Current Principal Place of Business:**

1710 SOUTH GADSDEN STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1710 SOUTH GADSDEN STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-1745861

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARFEL, TIMOTHY J.  
3748 FORSYTHE WAY  
TALLAHASSEE, FL 32308 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: DP ( ) Delete  
Name: COTTRELL, BARBARA  
Address: 3062 SHAMROCK NORTH  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: FIERRO, BOB  
Address: 2855 ASBURY HILL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: WARFEL, TIMOTHY J.,  
Address: 3748 FORSYTHE WAY  
City-St-Zip: TALLAHASSEE, FL

Title: TD ( ) Delete  
Name: JOHNSON, MALLARD, VERSIE  
Address: 4678 PIMLICO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DE (X) Delete  
Name: KIRSCHKE, JIM  
Address: 3163 FERNSGLEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: FIERRO, BOB  
Address: 2855 ASBURY HILL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change ( ) Addition  
Name: WARFEL, TIMOTHY,  
Address: 3748 FORSYTHE WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change ( ) Addition  
Name: FISHBACK, MEREDITH,  
Address: 4573 BERKLIE DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD (X) Change ( ) Addition  
Name: WOODHAM, SUSAN  
Address: 3726 KERRY COURT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CONNIE MOORE

ED

01/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date