

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730196

FILED  
Feb 15, 2010  
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 (X)

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

WARFEL, TIMOTHY J.  
3748 FORSYTHE WAY  
TALLAHASSEE, FL 32308 US

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

WARFEL, TIMOTHY J.  
3748 FORSYTHE WAY  
TALLAHASSEE, FL 32309 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

02/15/2010

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FISHBACK, MEREDITH  
Address: 4573 BERKLIE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D  
Name: MILLER, RON  
Address: PO BOX 4375  
City-St-Zip: TALLAHASSEE, FL 32315

Title: D  
Name: BROWN, LISA  
Address: 1809 MEDART DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: PAYNE, MARK  
Address: 9265 WHITE BLOSSOM WAY  
City-St-Zip: TALLAHASSEE, FL 32309

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: CONNIE MOORE

Electronic Signature of Signing Officer or Director

CEO

02/15/2010

Date