

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **731047** (7)

1. Corporation Name

EMERGENCY PREGNANCY SERVICES OF JACKSONVILLE, INC.
C.



Principal Place of Business

Mailing Address

1842 KING STREET, ROOM 109
JACKSONVILLE FL 32204

1842 KING STREET, ROOM 109
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified
11/06/1974

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **1555 OAK STREET**
Suite, Apt. #, etc.
22 **JACKSONVILLE, FL**

26 **SAME**
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip **32204** 25 Country **DUVAL**

29 Zip **32204** 30 Country **FL**

4. FEI Number

59-1728087

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGANN, DANIEL M
1801 BARRS STREET, #920
JACKSONVILLE FL 32204

81

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PATSY SVENDSEN**
STREET ADDRESS **P.O. BOX 14877 N/A**
CITY-ST-ZIP **JACKSONVILLE FL 32238**

TITLE ☐ DELETE
NAME **P/BD**
STREET ADDRESS **MORGANN, DANIEL M**
CITY-ST-ZIP **1801 BARRS STREET, #920 JACKSONVILLE FL**

TITLE ☒ DELETE
NAME **V/D**
STREET ADDRESS **ALBERTA HIPPS**
CITY-ST-ZIP **P.O. BOX 2982 N/A JACKSONVILLE FL 32204**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **P/BD**
2.3 STREET ADDRESS **RODERICK DANIEL MORGANN, MD**
2.4 CITY-ST-ZIP **1801 BARRS ST #920 JACKSONVILLE, FL 32204**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S/ED**
3.3 STREET ADDRESS **MARY LYNN HEEKIN**
3.4 CITY-ST-ZIP **1319 MONTICELLO RD. JACKSONVILLE, FL 32207**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **900001758809**
5.3 STREET ADDRESS **-03/27/96--01001--040**
5.4 CITY-ST-ZIP *****61.25**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roderick D Morgann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODERICK D MORGANN 3-596 389-1101

Date:

Daytime Phone #

CR2E037 (12/95)