


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731047** (7)
1. Corporation Name
EMERGENCY PREGNANCY SERVICES OF JACKSONVILLE, IN C.



Principal Place of Business 1535 OAK STREET JACKSONVILLE FL 32204	Mailing Address 1535 OAK STREET JACKSONVILLE FL 32204
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3. Date Incorporated or Qualified 11/06/1974
4. FEI Number 59-1728087
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MORGANN, DANIEL M 1801 BARRS STREET, #920 JACKSONVILLE FL 32204	

10. Name and Address of New Registered Agent	
81 Name Mr. Joseph J. Stelma	
82 Street Address (P.O. Box Number is Not Acceptable) 1149 Second Street	
83 City Jacksonville Beach	
84 City Jacksonville Beach	85 Zip Code FL 32250

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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Joseph J. Stelma** (NOTE: Registered Agent signature required when reinstating) DATE **1/26/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	TD SVENDSEN, PATSY
STREET ADDRESS	P.O. BOX 14877 N/A
CITY-ST-ZIP	JACKSONVILLE FL 32238
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P/BOD MORGANN, RODERICK D MD
STREET ADDRESS	1801 BARRS STREET, #920
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	<input type="checkbox"/> DELETE
NAME	S/BD HEKIN, MARY L
STREET ADDRESS	1319 MONTICELLO ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	President/BOD Stelma, Joseph J.
2.3 STREET ADDRESS	1149 Second Street
2.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Joseph J. Stelma** 1-26-98 804 241 6221

CR2E037 (10/97)