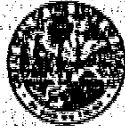


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAR 23 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 766253 (9)**

1. Corporation Name

**A WOMAN'S PREGNANCY CENTER, INC.**

Principal Place of Business

Mailing Address

1400 E. OAKLAND PARK BLVD.  
SUITE 201  
FT LAUDERDALE FL 33334

1400 E. OAKLAND PARK BLVD.  
SUITE 201  
FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/22/1982</b>	3a. Date of Last Report <b>04/06/1994</b>
4. FEI Number <b>59-2401512</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDEN, E. SCOTT, ESQ.  
644 SOUTHEAST 4 AVENUE  
FT LAUDERDALE FL 33301**

B1 Name	B5 Zip Code <b>FL</b>
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, JAYNE	1.2 NAME	
STREET ADDRESS	2749 N.E. 60TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ADELINE	2.2 NAME	
STREET ADDRESS	500 N.E. 22ND WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUTRY, ALLEN	3.2 NAME	
STREET ADDRESS	3590 BAYVIEW DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, MARK	4.2 NAME	
STREET ADDRESS	947 EAST MCNAB ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, EARL	5.2 NAME	
STREET ADDRESS	1333 NW 13TH PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTRAAN, JAMES	6.2 NAME	
STREET ADDRESS	2150 N.E. 65TH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	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 110.07(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:

*Frank Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FRANK WRIGHT**

3/14/95

304-568-2616

766253

A WOMAN'S PREGNANCY CENTER, INC.

Document # 766253 (9)

Corporation Annual Report 1995 -- Supplement

13. (continued)

7.1 Title:	President	X Addition
7.2 Name:	Wright, Frank	
7.3 Street Address:	1102 SE 3 Street #12	
7.4 City-St-Zip:	Deerfield Beach, Florida 33441	