


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90026 036 \*\*\*\*61.25

<b>DOCUMENT # 768083</b> 1. Entity Name <b>THE PREGNANCY &amp; FAMILY LIFE CENTER OF CITRUS COUNTY, INC.</b>						
Principal Place of Business <b>PREGNANCY &amp; FAMILY LIFE CENTER 317 W. TOMPKINS ST INVERNESS, FL 34450 US</b>			Mailing Address <b>317 W TOMPKINS STREET INVERNESS, FL 34450 US</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country				
4. FEI Number <b>59-2316370</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SLAYMAKER, THOMAS E., ESQ. 2218 W. HWY 44 INVERNESS, FL 34453</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>BURRELL, PETER</b> <b>600 E HOLLY STREET</b> <b>INVERNESS, FL 34452</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> <b>D Ed Clark</b> <b>3930 W. Fieldwood Court</b> <b>LECANTO, FL 34461</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>S</b> <b>CAMPBELL, CYNTHIA</b> <b>190 N MESQUITE PT</b> <b>LECANTO, FL 34461</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> <b>D Marilyn Chisholm</b> <b>1601 SE 8th Ave., Lot # 320</b> <b>CRYSTAL RIVER, FL 34429</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>P</b> <b>GROSSMAN, MAUREEN</b> <b>1599 N. ENDICOTT PT</b> <b>CRYSTAL RIVER, FL 34429</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> <b>D Cathy Eckstein</b> <b>2715 W. Blackwood Dr.</b> <b>BEVERLY HILLS, FL 34465</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>OWEN, MARGARET</b> <b>9 WILD OLIVE CT</b> <b>HOMOSASSA, FL 34446</b>		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> <b>D Deline O'Brien</b> <b>1601 SE 8th Ave</b> <b>CRYSTAL RIVER, FL 34429</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>T</b> <b>SLOUGH, SUSAN</b> <b>952 CHERRY POP DR</b> <b>INVERNESS, FL 34453</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> <b>D Mary Lou Raby</b> <b>8718 MOCCASIN Slough</b> <b>INVERNESS, FL 34450</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>V</b> <b>Katherine G. Schwartz</b> <b>1350 S. Dovekrie Tee.</b> <b>INVERNESS, FL 34450</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> <b>D Father Mike Smith</b> <b>St. Scholastica Catholic Church</b> <b>LECANTO, FL 34461</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE:</b> <u>Marilyn Chisholm</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-28-08</u> Daytime Phone # <u>352-545-3430</u>			