

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768083

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** THE PREGNANCY & FAMILY LIFE CENTER OF CITRUS COUNTY, INC.

**Current Principal Place of Business:**

PREGNANCY & FAMILY LIFE CENTER  
317 W. TOMPKINS ST  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

PREGNANCY & FAMILY LIFE CENTER  
317 W. TOMPKINS ST  
INVERNESS, FL 34450 US

**Current Mailing Address:**

317 W TOMPKINS STREET  
INVERNESS, FL 34450 US

**New Mailing Address:**

317 W TOMPKINS STREET  
INVERNESS, FL 34450 US

**FEI Number:** 59-2316370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLAYMAKER, THOMAS E., ESQ.  
2218 W. HWY 44  
INVERNESS, FL 34453 US

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

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

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: BURRELL, PETER  
Address: 600 E HOLLY STREET  
City-St-Zip: INVERNESS, FL 34452

Title: S ( ) Delete  
Name: CAMPBELL, CYNTHIA  
Address: 190 N MESQUITE PT  
City-St-Zip: LECANTO, FL 34461

Title: P ( ) Delete  
Name: GROSSMAN, MAUREEN  
Address: 1599 N. ENDICOTT PT  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D ( ) Delete  
Name: CLARK, ED  
Address: 3930 W FIELDWOOD COURT  
City-St-Zip: LECANTO, FL 34461

Title: T ( ) Delete  
Name: SLOUGH, SUSAN  
Address: 952 CHERRY POP DR  
City-St-Zip: INVERNESS, FL 34453

Title: D ( ) Delete  
Name: CHISHOLM, MARILYN  
Address: 1601 S E 8TH AVENUE, LOT #320  
City-St-Zip: CRYSTAL RIVER, FL 34429

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BURRELL, PETER  
Address: 600 E HOLLY STREET  
City-St-Zip: INVERNESS, FL 34452

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GROSSMAN, MAUREEN  
Address: 1599 N. ENDICOTT PT  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: V (X) Change ( ) Addition  
Name: O'BRIEN, ARLINE  
Address: 1601 SE 8TH STREET, LOT NO. 502  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: CHISHOLM, MARILYN  
Address: 1601 S E 8TH AVENUE, LOT #320  
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARILYN CHISHOLM

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date