

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00292

FILED
Jan 04, 2007
Secretary of State

Entity Name: VERO BEACH CRISIS PREGNANCY CENTER, INC.

Current Principal Place of Business:

1503 24TH ST
P. O. BOX 836
VERO BCH, FL 329617836 US

New Principal Place of Business:

Current Mailing Address:

1503 24TH STREET
P. O. BOX 836
VERO BCH, FL 329617836 US

New Mailing Address:

FEI Number: 59-2344840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINE, CHERYL M
410 38TH COURT
VERO BEACH, FL 32968 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: VD () Delete
Name: NELSON, NEIL
Address: 1546 35TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: PP () Delete
Name: GINN, CAROLINE D
Address: 1134 OLDE GALLEON LANE
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: FORD, JUDY
Address: 430 47TH AVE
City-St-Zip: VERO BEACH, FL 32968

Title: SD () Delete
Name: JOHNSON, JANICE
Address: 300-104 GRAND ROYALE CIRCLE
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: DELLER, BETH
Address: 851 RIVER TRAIL
City-St-Zip: VERO BEACH, FL 32963

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL M. HINE

MRS.

01/04/2007

Electronic Signature of Signing Officer or Director

Date