

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00292

FILED
Feb 17, 2009
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:

1503 24TH ST
VERO BEACH, FL 32960 US

Current Mailing Address:

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

New Mailing Address:

PO BOX 836
VERO BEACH, FL 32961

FEI Number: 59-2344840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: P () Delete
Name: NELSON, NEIL
Address: 1546 35TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: PARSONS, MARK
Address: 3021 GOLFFVIEW DR
City-St-Zip: VERO BEACH, FL 32960

Title: T () Delete
Name: DELLER, BETH
Address: 851 RIVER TRAIL
City-St-Zip: VERO BEACH, FL 32963

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARSONS, MARK
Address: 3021 GOLFFVIEW DR
City-St-Zip: VERO BEACH, FL 32960

Title: VP (X) Change () Addition
Name: SEARCY, JILL
Address: 1035 22ND AVE
City-St-Zip: VERO BEACH, FL 32960

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

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

Title: ED () Change (X) Addition
Name: HINE, CHERYL M
Address: 410 38TH COURT
City-St-Zip: VERO BEACH, FL 32968

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: CHERYL M HINE

ED

02/17/2009

Electronic Signature of Signing Officer or Director

Date