2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N02000005498

Entity Name: ORANGE BLOSSOM PREGNANCY CARE CENTERS, INC.

Current Principal Place of Business:

1200 W AVON BLVD
STE 202
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 166
AVON PARK, FL 338260166

New Mailing Address:

FEI Number: 42-1574213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE
SEBRING, FL 338703869 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: D ( ) Delete
Name: RUSS, DAVID
Address: 307 N. OAK AVE.
City-St-Zip: FORT MEADE, FL 33841

Title: D ( ) Delete
Name: ALTVATER, ALLEN C III
Address: 49 LAKE HENRY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: AUTRY, DIANE
Address: 1227 ASPEN LN
City-St-Zip: WAUCHULA, FL 33873

Title: STD ( ) Delete
Name: CHILDRESS, SHARON
Address: 360 GROVE CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: COLLINS, SYLVIA
Address: 502 E MAIN STREET
City-St-Zip: WAUCHULA, FL 33873

Title: PD ( ) Delete
Name: ALTVATER, ALLEN C III
Address: 49 LAKE HENRY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: RUSS, DAVID
Address: 307 N. OAK AVE.
City-St-Zip: FORT MEADE, FL 33841

Title: PD (X) Change ( ) Addition
Name: ALTVATER, ALLEN C III
Address: 49 LAKE HENRY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: SD (X) Change ( ) Addition
Name: CREWS, SUZANNE MRS.
Address: 6470 LAKE BUFFUM RD. SOUTH
City-St-Zip: FT. MEADE, FL 33841

Title: TD (X) Change ( ) Addition
Name: BROWN, CATHY M MRS
Address: 1889 BUFFUM LAKE TRAIL
City-St-Zip: FT. MEADE, FL 33841

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

Title: D (X) Change ( ) Addition
Name: ANDERSON, SHIRLEY MRS.
Address: 5931 HAMMOCK RD
City-St-Zip: SEBRING, FL 33872

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: CATHY M. BROWN TD 04/28/2008

Electronic Signature of Signing Officer or Director — Date