

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005498

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** CHOICES PREGANCY CARE CENTER, 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: VPD ( ) Delete  
Name: RUSS, DAVID  
Address: 307 N. OAK AVE.  
City-St-Zip: FORT MEADE, FL 33841

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

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

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

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: GONZALEZ, DANA B MRS.  
Address: 1010 US HWY 98 WEST  
City-St-Zip: FROSTPROOF, FL 33843

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

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

Title: D (X) Change ( ) Addition  
Name: DEWITT, CAROL MRS.  
Address: 2851 BRIARWOOD LANE  
City-St-Zip: SEBRING, FL 33875

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

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: DAVID RUSS

PD

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date