2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State
08-04-2003 90139 035 ****61.25

0013794

DOCUMENT # N02000005498

1. Entity Name
ORANGE BLOSSOM PREGNANCY CARE CENTERS, INC.

Principal Place of Business	Mailing Address
2699 NORTH AMARYLLIS ROAD AVON PARK FL 33825	2699 NORTH AMARYLLIS ROAD AVON PARK FL 33825

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1200 W. AVON BLVD.	P.O. Box 328
Suite, Apt. #, etc.: STE 202	Suite, Apt. #, etc.:
City & State: AVON PARK, FL	City & State: SEBRING, FL
Zip: 33825 Country: USA	Zip: 33871 Country: USA

4. FEI Number: 42-1574213 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABLES, CLIFFORD M III 551 SOUTH COMMERCE AVENUE SEBRING FL 33870-3869	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAUGHN, JAMES L 5239 WATERWAY DRIVE SEBRING FL 33870	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES BLAND 25 FOREST HILL CRT. AVON PARK, FL 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIGNIGHT, GRANT 1981 SR 64 EAST WAUCHULA FL 33873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIANE AUTRY 1229 ASPEN LN. WAUCHULA, FL 33873	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAUGHN, GWEN 5239 WATERWAY DRIVE SEBRING FL 33870	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MARY BETH FORD 95 RACCOON LN FLORIDA, FL 33857	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHILDRESS, SHARON 360 GROVE CIRCLE AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, SYLVIA 502 E MAIN STREET WAUCHULA FL 33873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURANCE, JANICE 517 US HIGHWAY 17 NORTH BOWLING GREEN FL 33834	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Autry RESIGNED 7/14/03 863-453-0307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #