


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90064 021 \*\*\*\*70.00

<b>DOCUMENT # N04000002109</b> 1. Entity Name <b>A CARING PREGNANCY CENTER INC.</b>			
Principal Place of Business <b>12944 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161</b>		Mailing Address <b>P.O. BOX 611074 NORTH MIAMI, FL 33261</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>12944 West Dixie Highway</b> Suite, Apt. #, etc.	
City & State <b>North Miami FL</b>		City & State <b>North Miami FL</b>	
Zip <b>33161</b>	Country <b>USA</b>	4. FEI Number <b>30-0235503</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SASTRE, CESAR A 1086 N.E. 96 ST. MIAMI SHORES, FL 33138</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>SASTRE, CESAR MR.</b> <b>1086 N.E. 96 STREET</b> <b>MIAMI SHORES, FL 33138</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Bernadette Morris</b> <b>975 North miami Beach Blvd.</b> <b>North miami Beach, FL 33162</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>REESE, SIDNEY</b> <b>960 NE 97 ST</b> <b>MIAMI SHORES, FL 33138</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>John J. Kurack</b> <b>10517 NE 3rd CT.</b> <b>Miami Shores, FL 33138</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <b>MORENO, ANA MARIA</b> <b>17175 NE 19 AVE # 3</b> <b>NORTH MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rose Tydus</b> <b>1101 Duval Ave.</b> <b>OPA-LOGKA, FL 33064</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/Secretary</b> <b>MORENO, ANA MARIA</b> <b>17175 N.E. 19 AVE # 3</b> <b>North miami Beach, FL 33162</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/20/07</b> Daytime Phone # <b>305-893-2944</b>	