## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002490

FILED Mar 24, 2005 Secretary of State

Entity Name: FIRST CHOICE PREGNANCY CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 13 SE 21ST PLACE CAPE CORAL, FL 33990 **Current Mailing Address: New Mailing Address:** 13 SE 21ST PLACE CAPE CORAL, FL 33990 FEI Number: 20-0873950 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARLAND, JEAN 13 SE 21ST PLACE CAPE CORAL, FL 33990 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ACEVEDO, JORGE Name: Name: 5715 GALLOWAY DRIVE Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33990 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition CARLAND, JEAN Name: HARKNESS, MELISSA Name: Address: 1305 SW 18TH TERRACE Address: 4431 N. ATLANTIC CIRCLE City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: N. FT. MYERS, FL 33903 Title: () Delete Title: () Change () Addition FURLONG, BEVELYN Name: Name: 1313 SW 18TH TERRACE Address: Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: (X) Change ( ) Addition Title: ( ) Delete Title: Name: SENES, NATALIA Name: ALLISON, SCOTT 1824 VAN LOON TERRACE 5704 INVERNES CIRCLE Address: Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: N. FT. MYERS, FL 33903 Title: () Delete Title: (X) Change ( ) Addition SHOAP, KENDRA SANDNES, LARISA Name: Name: 1805 NE 5TH TERRACE 925 EL DORADO PKWY Address: Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33914 Title: () Delete Title: ( ) Change (X) Addition TYSON, VICKY Name: Name: Address: Address: 6083 WATERWAY BAY DR. FT. MYERS, FL 33908 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEAN CARLAND O 03/24/2005