

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002092

FILED
May 04, 2010
Secretary of State

Entity Name: APOPKA PREGNANCY CARE CENTER, INC.

Current Principal Place of Business:

2434 OLD DIXIE HWY
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

2434 OLD DIXIE HWY
APOPKA, FL 32712

New Mailing Address:

FEI Number: 20-2562549 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAROSS, ROBERT P
2061 LAKE TODD COURT
APOPKA, FL 32712 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: P
Name: STOKES, WES
Address: 2333 SWEETWATER COUNTRY CLUB PLACE
City-St-Zip: APOPKA, FL 32712

Title: V
Name: GORDON, PAUL
Address: 441 S HIGHLAND AVE
City-St-Zip: APOPKA, FL 32712

Title: V
Name: SMITH, TOBY S
Address: 1451 HOLLYHOCK CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: T
Name: LEDDON, STACY
Address: 714 WOODVIEW DRIVE
City-St-Zip: APOPKA, FL 32712

Title: S
Name: DONATI, MARY L
Address: 449 HICKORY ROAD
City-St-Zip: APOPKA, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: RUTH OWENS

DIR

05/04/2010

Electronic Signature of Signing Officer or Director

Date