

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008866

FILED
Jan 07, 2011
Secretary of State

Entity Name: FLORIDA PREGNANCY CARE NETWORK, INC.

Current Principal Place of Business:

8511 BULL HEADLEY RD
SUITE 402
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

8511 BULL HEADLEY RD
SUITE 402
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 20-3707766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICK, PAULINE
4263 MILLWOOD LANE
TALLAHASSEE, FL 32312 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: D
Name: EVANS, DEBBIE
Address: 7120 HERITAGE RIDGE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: MCGLYNN, ANN
Address: 2906 ABBOTSFORD WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: ROBERTS, PAM
Address: 2111 TWO POND ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: HAUG, ERIC S
Address: 328 ANTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: WEDDING, JANET
Address: 1312 GORDEN AVENUE
City-St-Zip: THOMASVILLE, GA 31792

Title: D
Name: COSTAS, JULIE
Address: 3094 O'BRIEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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: PAULINE PATRICK

D

01/07/2011

Electronic Signature of Signing Officer or Director

Date