

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005727

FILED
Feb 07, 2008
Secretary of State

Entity Name: COMMUNITY PREGNANCY CENTER, INC.

Current Principal Place of Business:

566 BARTON BLVD.
SUITE 6
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

566 BARTON BLVD.
SUITE 6
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 56-2586091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WADSWORTH, KATHRYN R
566 BARTON BLVD.
SUITE 6
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MOORE, KATHRYN R
566 BARTON BLVD.
SUITE 6
ROCKLEDGE, FL 32955 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: KATHRYN R. MOORE

02/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: WADSWORTH, KATHRYN R
Address: 566 BARTON BLVD., SUITE 6
City-St-Zip: ROCKLEDGE, FL 32955

Title: DIR () Delete
Name: MORGANS, MELANIE K
Address: 1465 BISHOP RD.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DIR () Delete
Name: ADAMS, BRIAN
Address: 1265 LESLIE DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DIR () Delete
Name: MCCARTHY, RACHEL
Address: 2575 S. COURTENAY PKWY.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: NECAISE, LEE
Address: 495 ALLEN DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: NECAISE, LEE
Address: 495 ALLEN DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: SMOUSE, MARTY
Address: 13 VERMONT AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: DIR (X) Change () Addition
Name: BIXBY, TINA
Address: 745 CASA GRANDE DR.
City-St-Zip: MELBOURNE, FL 32940

Title: DIR (X) Change () Addition
Name: MOORE, KATHRYN R
Address: 566 BARTON BLVD., SUITE 6
City-St-Zip: ROCKLEDGE, FL 32955

Title: DIR () Change (X) Addition
Name: MORRIS, CHARLENE
Address: 6910 BRIGHT AVE.
City-St-Zip: COCOA, FL 32927

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHRYN R. MOORE

DIR

02/07/2008

Electronic Signature of Signing Officer or Director

Date