2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000006200 1. Entity Name THE WAKULLA PREGNANCY CENTER, INC.				2008	FILED 2008 APR 29 PM 1: 52			
32 DUCK POND DR 32		lailing Address 32 DUCK POND DR CRAWFORDVILLE, FL 32327			SECREMANY OF STATE TALLAHASSEE, FLORIDA			
886 Woodnile Hwy P.O.T		Mailing Address O. Box 1121 Suite, Apt. #, etc.	Box 1121		04282008 Chg-NP CR2E037 (12/06)			
Crawfordville the Cri		City & State Vawfordir IIL Zip C	wfordn II, FL Country USA		3 atus Desired	A		
6. Name and Address of Current Registered Agent HOLSHOUSER, ANGELA B 32 DUCK POND DRIVE CRAWFORDVILLE, FL 32327			Name Street Addr	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)				
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, a the obligations of registered agent.								
SIGNATURE								
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contribut								
TITLE NAME STREET ADDRESS	OFFICERS AND DIRECTO D GAVIN, NORA 219 MARIE CIRCLE	Delete TII	TLE AME TREET ADDRESS	ADDITIONS/CHANGE Kobert Walsh P.O. Box 1121 Crawfordville, Flori		DIRECTORS IN Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, MOLLIE 66 HUMMINGBIRD LANE CRAWFORDVILLE, FL 32327	Delete TII	TLE AME FREET ADDRESS ITY-ST-ZIP	Paula Crosby P.O. Box 1121 Crawfordville, Flo	orida 32326	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLSHOUSER, ANGELA B 32 DUCK POND RD. CRAWFORDVILLE, FL 32327	NA ST	TLE TAME TREET ADDRESS ITY-SI-ZIP	Carolyn Smith P.O. Box 1121 Crawfordville, Flor	ida 32326	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROSBY, PAULA 32 DUCK POND RD. CRAWFORDVILLE, FL 32327	NA ST	TLE SAME TREET ADDRESS TY+ST-ZIP	Charlie Carraway P.O. Box 1121 Crawfordville, Flor	ida 32326	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAPP, RHONDA 32 DUCK POND RD. CRAWFORDVILLE, FL 32327	NA ST	TLE AME TREET ADDRESS TY+ST-ZIP	000 04/23/08	12686C 01024023	□ Change 3 1 □ □ 3 **61.	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA St Ci	TLE AME (reet address Ty-St-Zip			☐ Change	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.								
SIGNATURE: COLL Cross Paula Crossy VF 42908 (850)478-8210								