

FILL IN: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06281 (2)

1. Corporation Name

SOUTH DADE CRISIS PREGNANCY CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12: 04

Principal Place of Business

Mailing Address

7575 SW 62ND AVENUE
MIAMI FL 33143

7575 SW 62ND AVENUE
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/21/1984

3a. Date of Last Report

01/31/1994

4. FEI Number

59-2480175

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYWOOD, JANE MORRIS
8401 SW 107TH AVE., #323E
MIAMI FL 33173

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

C SALABARRIA, CARLOS

2131 SW 21 TERR

MIAMI, FL 33145

VC

MORALES, BEVERLEY

12841 SW 115 Terr.

MIAMI, FL 33186

S WELSH, XIOMARA

12361 SW 106 ST

MIAMI, FL 33186

T

PAPPAS, TIM

11800 SW 63 AVE

MIAMI, FL 33156

D

BULKELEY, CRAIG

6612 SAN VICENTE

CORAL GABLES, FL 33146

BOOK, LARRY

12525 SW 111 AVE.

MIAMI, FL 33176

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jane M. Haywood

1/19/95

Date

Daytime Phone #

BOARD OF DIRECTORS
1995

D
GORGANS, MARK
15949 MIAMI DRIVE
MIAMI, FL 33162

D
PAPPAS, PEGGY JAY
11800 SW 63 AVE.
MIAMI, FL 33156

D
PLASTER, SUE
13751 SW 84 ST. #G
MIAMI, FL 33183

D
WEBB, EDGAR
15631 SW 42 LANE
MIAMI, FL 33185