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FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06281 (2)

1. Corporation Name

SOUTH DADE CRISIS PREGNANCY CENTER, INC.

Principal Place of Business

5975 SUNSET DRIVE  
SUITE 101  
MIAMI FL 33143

Mailing Address

5975 SUNSET DRIVE  
SUITE 101  
MIAMI FL 33143-51983. Date Incorporated or Qualified  
11/21/19843a. Date of Last Report  
03/19/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

59-2480175

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

CARTER, LESLI J  
9741 W. SUBURBAN DRIVE  
MIAMI FL 33156

81 Name

Lesli J. Carter

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

7745 SW 86 St. #D-318

83

84 City

Miami

FL

85 Zip Code

33143

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

C

NAME

WELSH, XIOMARA

STREET ADDRESS

12361 SW 106 ST

CITY-ST-ZIP

MIAMI FL 33186

TITLE

VC

NAME

MORALES, BEVERLEY

STREET ADDRESS

12841 SW 115 TERR

CITY-ST-ZIP

MIAMI FL

TITLE

S

NAME

WELSH, XIOMARA

STREET ADDRESS

12361 SW 106 ST

CITY-ST-ZIP

MIAMI FL

TITLE

T

NAME

PAPPAS, TIM

STREET ADDRESS

11800 SW 63 AVE

CITY-ST-ZIP

MIAMI FL

TITLE

D

NAME

BULKELEY, CRAIG

STREET ADDRESS

6612 SAN VICENTE

CITY-ST-ZIP

CORAL GABLES FL

TITLE

D

NAME

COOK, LARRY

STREET ADDRESS

12525 SW 111 AVE

CITY-ST-ZIP

MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change☐ Addition☐ Change☐ Addition☐ Change☒ Addition☐ Change☒ Addition☒ Change☐ Addition☐ Change☒ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-97

Date

Daytime Phone # 0030079

CR2E037 (9/96)