

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06281** (2)

1. Corporation Name

**SOUTH DADE CRISIS PREGNANCY CENTER, INC.**

Principal Place of Business

Mailing Address

**5975 SUNSET DRIVE  
SUITE 101  
MIAMI FL 33143**

**5975 SUNSET DRIVE  
SUITE 101  
MIAMI FL 33143**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/21/1984**

4. FEI Number

**59-2480175**

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

**CARTER, LESLI J  
7745 SW 86 ST, #D-318  
MIAMI FL 33143**

10. Name and Address of New Registered Agent

**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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WELSH, XIOMARA</b>	
STREET ADDRESS	<b>12361 SW 106 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	

TITLE	<b>VC</b>	<input type="checkbox"/> DELETE
NAME	<b>MORALES, BEVERLEY</b>	
STREET ADDRESS	<b>12841 SW 115 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WELSH, XIOMARA</b>	
STREET ADDRESS	<b>12361 SW 106 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAPPAS, TIM</b>	
STREET ADDRESS	<b>11800 SW 63 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BULKELEY, CRAIG</b>	
STREET ADDRESS	<b>6155 SW 106 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COOK, LARRY</b>	
STREET ADDRESS	<b>12525 SW 111 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D TODD, RON</b>
2.3 STREET ADDRESS	<b>10922 SW 135 PL.</b>
2.4 CITY-ST-ZIP	<b>Miami, FL 33186</b>

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DS TODD, SARA BETH</b>
3.3 STREET ADDRESS	<b>10922 SW 135 PL.</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33186</b>

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DT GRIMONPONT, AGNES</b>
4.3 STREET ADDRESS	<b>9921 NW 2nd St.</b>
4.4 CITY-ST-ZIP	<b>Plantation, FL 33324</b>

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DC BULKELEY, CRAIG</b>
5.3 STREET ADDRESS	<b>6155 SW 106 ST.</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33156</b>

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

*Lesli J. Carter*

02-27-98

CR2E037 (10/97)