

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06836 (3)
1. Corporation Name
WOMEN'S PREGNANCY CENTER OF TALLAHASSEE, INC.



Principal Place of Business
**1225 MICCOSUKEE ROAD
TALLAHASSEE FL 32308**

Mailing Address
**1225 MICCOSUKEE ROAD
TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified
12/27/1984

3a. Date of Last Report
04/19/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2632869		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**MEGGS, WILLIAM
3650 FLAT RD
TALLAHASSEE FL 32303**

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

William D. Meggs

(NOTE: Registered Agent signature required when reinstating)

DATE

5-29-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEGGS, WILLIAM	
STREET ADDRESS	3650 FLAT RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, WILLIAM, JR.	
STREET ADDRESS	RT 12 BOX 277	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORREDOR, CATHLEEN M	
STREET ADDRESS	3326 LUCKY DEBONAIR TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCHAFFIE, TOM	
STREET ADDRESS	2204 WALL STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Emhoff, Dr. Les	
1.3 STREET ADDRESS	Route 9, Box 181	
1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carolyn O'Connor	
2.3 STREET ADDRESS	2656 Cumleigh Cir	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	B. Lynnette Conklin	
3.3 STREET ADDRESS	2446 B Ryan Place	
3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

B. Lynnette Conklin, Director 5/15/96

Date

Daytime Phone #

1-904
877-4774

CR2E037 (12/95)