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Feb 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32308-5007**

3. Date Incorporated or Qualified
12/27/1984

3a. Date of Last Report
06/03/1996

2. Principal Place of Business
21 1225 Miccosukee Road

2a. Mailing Address
26 1225 Miccosukkee Road

4. FEI Number
59-2632869

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 Tallahassee, FL

City & State
28 Tallahassee, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 32308

Country
25

Zip
29 32308

Country
30

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D MEGGS, WILLIAM |
| STREET ADDRESS | 3650 FLAT RD. |
| CITY - ST - ZIP | TALLAHASSEE FL 32303 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D SCOTT, WILLIAM, JR. |
| STREET ADDRESS | RT 12 BOX 277 |
| CITY - ST - ZIP | TALLAHASSEE FL 32304 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D CONKLIN, B. L |
| STREET ADDRESS | 2446 B RYAN PLACE |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D EMHOFF, DR. LES |
| STREET ADDRESS | ROUTE 9, BOX 181 |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | D O'CONNOR, CAROLYN |
| STREET ADDRESS | 2656 CUMLEIGH CIR |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 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 type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 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 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: *Lynnette Conklin*

1/30/97 877-4774 (904)

CR2E037 (9/96)