


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06836** (3)
1. Corporation Name
WOMEN'S PREGNANCY CENTER OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
1225 MICCOSUKEE ROAD TALLAHASSEE FL 32308 US	1225 MICCOSUKEE, FL TALLAHASSEE FL 32308 US

2. Principal Place of Business	2a. Mailing Address
21 1225 Miccosukee Road	26 1225 Miccosukee Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Tallahassee, Florida	28 Tallahassee, Florida
Zip	Zip
24 32308	29 32308
Country	Country
25 Leon	30 Leon

3. Date Incorporated or Qualified	12/27/1984
4. FEI Number	59-2632869
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEGGS, WILLIAM	1.2 NAME	Ramage, Michael
STREET ADDRESS	3650 FLAT RD.	1.3 STREET ADDRESS	3214 Yorktown Drive
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, WILLIAM, JR.	2.2 NAME	Brienen, Debra
STREET ADDRESS	RT 12 BOX 277	2.3 STREET ADDRESS	2209 Mulberry Boulevard
CITY-ST-ZIP	TALLAHASSEE FL 32304	2.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONKLIN, B. L.	3.2 NAME	Garrard, Jerry
STREET ADDRESS	2446 B RYAN PLACE	3.3 STREET ADDRESS	3071 N. Shamrock
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, Florida 32308
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMHOFF, DR. LES	4.2 NAME	
STREET ADDRESS	ROUTE 9, BOX 181	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, CAROLYN	5.2 NAME	
STREET ADDRESS	2656 CUMLEIGH CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature] **SIGNATURE REQUIRED**

1-15-98

850 877-4774

CR2E037 (10/97)