FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06836

Corporation Name

WOMEN'S PREGNANCY CENTER OF TALLAHASSEE, INC.

Country

Principal Place of Business							
1225 MICCOSUKEE ROAD TALLAHASSEE FL 32308							
US							

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

22

Mailing Address

1225 MICCOUSKEE, FL TALLAHASSEE FL 32308

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

26

27

28

Zip

FILED Mar 03, 1999 8:00 am § Secretary of State

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	1110 IIII 11		DII DIQFI IBDI

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

12/27/1984

59-2632869

4. FEI Number

24	25 29	30			Trust Fund Contribution Added to Fees				
	9. Name and Address of Current Register	ed Agent			10. Name and Address of New Registered Agent				
			81	Name					
14T000 V			82	<u> </u>	(D.O. Day Market and M.A. A.				
MBGGS, WILLIAM					Address (P.O. Box Number is Not Acceptable)				
3650 FLAT	· · · · - ·		83						
TALLAHAS	SSEE FL 32303								
•			84	City	FL 85 Zip Code				
11 Demonstration are provinced of Sections 617 0502 and 617 1508. Elegida Statutes the above-named compration 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 annicable. (NOTE: Registered Agent signature required when reinstating) DATE									
45	Signature, typed or printed name of registered agent and title if ap		13.	t signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	OFFICERS AND DIRECT	DELETE	1.1 TITLE		Y 0. FIA100-				
TITLE	D	□ DECE IE		ļ	_				
NAME	MEGGS, WILLIAM		1.2 NAME		Scott, William Jr. (ADDRESS CHANGE)				
STREET ADDRESS	3650 FLAT RD.		1.3 STREET	ADDRESS	Soor bakridge koad				
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-S	r-ZIP	Tallahassee, FL 32310				
TITLE	D	☐ DELETE	2.1 TITLE		D XX Change Addition				
NAME	SCOTT, WILLIAM, JR.		2.2 NAME		Emhof, Dr. Les (ADDRESS CHANGE &				
STREET ADDRESS	RT 12 BOX 277		2.3 STREE	ADDRESS	5250 Ochlocknee Road NAME MISSPELLED)				
CITY-ST-ZIP	TALLAHASSEE FL 32304		2.4 CITY-5	T-ZIP	Tallahassee, FL 32303				
TITLE	D	☐ DELETE	3.1 TITLE		Tallahassee, FL 32303 Change - MAddition				
NAME	CONKLIN, B. L		3.2 NAME		Garrard, Jerry				
STREET ADDRESS	BV441 BLAGE		3.3 STREE	ADORESS	3071 N Shamrock				
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-S	T-ZIP	Tallahassee El 32308				
TITLE	D	☐ DELETE	4.1 TITLE		D X Change Addition				
NAME	EMHOFF, DR. LES	_	4.2 NAME						
STREET ADDRESS	BOUTE - BOY 101			ADDRESS					
	TALLAHASSEE FL		4.4 CITY-S		3111 Sharer Road				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-4.11	Tallahassee, FL 32312 ☐ Change ☐ Addition				
TITLE	D DAMAGE ANCHAEL		5.2 NAME		_ ' ' _				
NAME	RAMAGE, MICHAEL		5.3 STREE	ADDDESS					
STREET ADDRESS	3214 YORKTOWN DR		5.4 CITY-S						
CITY-ST-ZIP	TALLAHASSEE FL 32312	☐ DELETE	6.1 TITLE	1-4IF	☐ Change ☐ Addition				
TITLE	D	U DELE1E			· · ·				
NAME	BRIENEN, DEBRA		6.2 NAME						
STREET ADORESS			6.3 STREE						
CITY-ST-ZIP	TALLAHASSEE FL 32303		6.4 CITY-S		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
14. I hereby of	certify that the information supplied with this filing on this annual report or supplemental annual re-	g does not qualify for the	e exempt e and tha	on stated t my sign	In Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an				

Country

4. 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, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

850-877-4774

Daytime Phone #

4ZEU3/ (11/30)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable