

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90063 004 \*\*\*\*61.25

**DOCUMENT # N06836**

1. Entity Name

**A WOMEN'S PREGNANCY CENTER, INC.**

Principal Place of Business

Mailing Address

**548 E BRADFORD RD  
TALLAHASSEE FL 32303  
US**

**548 E BRADFORD RD  
TALLAHASSEE FL 32303  
US**

2. Principal Place of Business

**111 S. Magnolia Drive**

Suite, Apt. #, etc.

**Suite 38**

City & State

**Tallahassee, FL**

Zip

**32301**

Country

3. Mailing Address

**111 S. Magnolia Drive**

Suite, Apt. #, etc.

**Suite 38**

City & State

**Tallahassee, FL**

Zip

**32301**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2632869**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **MEGGS, WILLIAM**  
STREET ADDRESS **3650 FLAT RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☒ Delete  
NAME **SCOTT, WILLIAM, JR.**  
STREET ADDRESS **3007 OAKRIDGE RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **O** ☒ Delete  
NAME **GARRARD, JERRY**  
STREET ADDRESS **3071 N SHAMROCK**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete  
NAME **EMHOF, DR. LES**  
STREET ADDRESS **5250 OCHLOCKNEE RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete  
NAME **BELL, W. DOYLE**  
STREET ADDRESS **1941 HARRIET DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Delete  
NAME **BRIENEN, DEBRA**  
STREET ADDRESS **2209 MULBERRY BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Change ☒ Addition  
NAME **Linda Bakker**  
STREET ADDRESS **1823 Meriadoc Road**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **D** ☐ Change ☒ Addition  
NAME **Tami Hall Chandler**  
STREET ADDRESS **1564 Crestview Avenue**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **D** ☐ Change ☒ Addition  
NAME **Reginald Hutchins**  
STREET ADDRESS **1897 Raymond Tucker Road**  
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **D** ☐ Change ☒ Addition  
NAME **Sandra King**  
STREET ADDRESS **615 Famcee Avenue**  
CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE **D** ☐ Change ☒ Addition  
NAME **Robin Westcott**  
STREET ADDRESS **2485 Papillion Way**  
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE **D** ☐ Change ☒ Addition  
NAME **Marcus Winchester**  
STREET ADDRESS **7002 Duck Cove Road**  
CITY-ST-ZIP **Tallahassee, FL 32312**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William N. Meggs*  
**William N. Meggs**

**850-297-1174**

CR2E037 (9/01)