

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90037 045 ****61.25

DOCUMENT # N06836

1. Entity Name

A WOMEN'S PREGNANCY CENTER, INC.



Principal Place of Business

111 S. MAGNOLIA DR.
SUITE 38
TALLAHASSEE FL 32301
US

Mailing Address

111 S. MAGNOLIA DR.
SUITE 38
TALLAHASSEE FL 32301
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

BELL, W. DOYLE
1941 HARRIET DR
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINS, REGINALD	
STREET ADDRESS	1897 RAYMOND TUCKER RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKKER, LINDA	
STREET ADDRESS	1823 MERIADOC RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WESTCOTT, ROBIN	
STREET ADDRESS	2485 PAPILLION WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMHOF, DR. LES	
STREET ADDRESS	5250 OCHLOCKNEE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, W. DOYLE	
STREET ADDRESS	1941 HARRIET DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIENEN, DEBRA	
STREET ADDRESS	2209 MULBERRY BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Penny Lawrence	
STREET ADDRESS	6096 RALCO LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	(D) Pastor Erik Brawn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6764 Johnstown RD loop	
STREET ADDRESS	Tallahassee, FL 32309	
CITY-ST-ZIP		
TITLE	(D) Marcus Winchester	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7002 Duck Cove RD	
STREET ADDRESS	Tallahassee, FL 32312	
CITY-ST-ZIP		
TITLE	(D) Joey Sorenson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	25 S. GATE DR	
STREET ADDRESS	Thomasville GA 31757	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-04

942 3937

Date

Daytime Phone #