
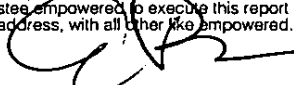


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90004 010 ****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 Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2632869			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, PENNY 6096 PONLICO LANE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McHaffie, Jacqueline 1431 Pine St. Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUN, ERIK PAST. 6764 JOHNSTOWN RD LOOP TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rudolph, John 3628 Las Brisas Tallahassee, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINCHESTER, MARCUS 7002 DUCK COVE RD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sorenson, Joseph 25 S. Gate Dr. Thomasville, GA 31757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMHOFF, DR. LES 5250 OCHLOCKNEE RD TALLAHASSEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wright, Barbara 3359 Aqua Ridge Way Tallahassee, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, W. DOYLE 1941 HARRIET DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIENEN, DEBRA 2209 MULBERRY BLVD TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Erik Braun 1/11/05 (950) 385-0001					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50002191



01112005 Chg-NP CR2E037 (10/03)