

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06836

FILED  
Jul 03, 2006  
Secretary of State

**Entity Name:** A WOMEN'S PREGNANCY CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

919 WEST PENSACOLA  
TALLAHASSEE, FL 32304-803 US

**Current Mailing Address:**

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

**New Mailing Address:**

919 WEST PENSACOLA  
TALLAHASSEE, FL 32304 US

**FEI Number:** 59-2632869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BELL, W. DOYLE  
1941 HARRIET DR  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

SHACKELFORD, BARBARA  
919 WEST PENSACOLA  
TALLAHASSEE, FL 32304 US

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: BARBARA SHACKELFORD

07/03/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAWRENCE, PENNY  
Address: 6096 PONLICO LANE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: BRAUN, ERIK PAST.  
Address: 6764 JOHNSTOWN RD LOOP  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: WINCHESTER, MARCUS  
Address: 7002 DUCK COVE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: EMHOF, DR. LES  
Address: 5250 OCHLOCKNEE RD  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: BELL, W. DOYLE  
Address: 1941 HARRIET DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: BRIENEN, DEBRA  
Address: 2209 MULBERRY BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SHACKELFORD

O

07/03/2006

Electronic Signature of Signing Officer or Director

Date