

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06836

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

919 WEST PENSACOLA
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

919 WEST PENSACOLA
TALLAHASSEE, FL 32304 US

New Mailing Address:

FEI Number: 59-2632869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHACKELFORD, BARBARA
919 WEST PENSACOLA
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUDOLPH, JOHN MR.
Address: 5653 TORTOISE CROSSING
City-St-Zip: TALLAHASSEE, FL 32309

Title: O () Delete
Name: SHACKELFORD, BARB
Address: 3843 E MILLERS BRIDGE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: O () 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: BAKER, TAMZEN
Address: 6804 DAY STAR CT
City-St-Zip: TALLAHASSEE, FL 32309

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: D (X) Change () Addition
Name: BOYLES, JOE
Address: 4411 NE COUNTY ROAD 255
City-St-Zip: LEE, FL 32059

I hereby certify that the information supplied with this filing does not qualify 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

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date