2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06836

FILED Jan 06, 2010 Secretary of State

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

US

US

Current Principal Place of Business: New Principal Place of Business:

919 WEST PENSACOLA TALLAHASSEE, FL 32304

Current Mailing Address: New Mailing Address:

919 WEST PENSACOLA TALLAHASSEE, FL 32304

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

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: RUDOLPH, JOHN MR.
Address: 5653 TORTOISE CROSSING
City-St-Zip: TALLAHASSEE, FL 32309

Title: O

 Name:
 SHACKELFORD, BARB

 Address:
 3843 E MILLERS BRIDGE RD

 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: C

 Name:
 WINCHESTER, MARCUS

 Address:
 7002 DUCK COVE RD

 City-St-Zip:
 TALLAHASSEE, FL 32312

Title:

Name: EMHOF, DR. LES
Address: 5250 OCHLOCKNEE RD
City-St-Zip: TALLAHASSEE, FL

Title: [

 Name:
 BELL, W. DOYLE

 Address:
 1941 HARRIET DR

 City-St-Zip:
 TALLAHASSEE, FL 32303

Title:

Name: BOYLES, JOE

Address: 4411 NE COUNTY ROAD 255

City-St-Zip: LEE, FL 32059

I hereby 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 all other like empowered.

SIGNATURE: BARBARA SHACKELFORD ED 01/06/2010