2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06836

FILED Jan 10, 2012 Secretary of State

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

US

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

919 WEST PENSACOLA

TALLAHASSEE, FL 32304 US

Current Mailing Address: 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 ()

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

BROWN, JAMIE 919 WEST PENSACOLA TALLAHASSEE, FL 32304

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: F

Name: HENDRIX, JERRY MR.
Address: 2329 KILLARNEY WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: O

Name: BROWN, JAMIE Address: 7685 BUCK LAKE ROAD

City-St-Zip: TALLAHASSEE, FL 32317

Title:

 Name:
 THOMSON, FRED

 Address:
 812 GREENBRIER LANE

 City-St-Zip:
 TALLAHASSEE, FL 32308

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: ENFINGER, BILL

Address: 4109 N. MONROE STREET City-St-Zip: TALLAHASSEE, FL 32303

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: JAMIE W. BROWN ED 01/10/2012