

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90097 043 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2632869**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEGGS, WILLIAM  
3650 FLAT RD  
TALLAHASSEE FL 32303**

Name

**W. Doyle Bell**

Street Address (P.O. Box Number is Not Acceptable)

**1941 Harriet Drive**

City

**Tallahassee**

**FL**

Zip Code  
**32303**

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

**W. Doyle Bell**

**02/11/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **D** ☒ Delete  
NAME **MEGGS, WILLIAM**  
STREET ADDRESS **3650 FLAT RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Change ☒ Addition  
NAME **Reginald Hutchins**  
STREET ADDRESS **1897 Raymond Tucker Road**  
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **D** ☐ Delete  
NAME **BAKKER, LINDA**  
STREET ADDRESS **1823 MERIADOC RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Change ☒ Addition  
NAME **Robin Westcott**  
STREET ADDRESS **2485 Papillion Way**  
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE **D** ☒ Delete  
NAME **CHANDLER, TAMI H**  
STREET ADDRESS **1564 CRESTVIEW AVE.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Change ☒ Addition  
NAME **Marcus Winchester**  
STREET ADDRESS **7002 Duck Cove Road**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **D** ☐ Delete  
NAME **EMHOF, DR. LES**  
STREET ADDRESS **5250 OCHLOCKNEE RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BELL, W. DOYLE**  
STREET ADDRESS **1941 HARRIET DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BRIENEN, DEBRA**  
STREET ADDRESS **2209 MULBERRY BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**W. DOYLE BELL**

**W. Doyle Bell 2/11/2003 850-297-1174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)