

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06901

FILED
Jan 08, 2007
Secretary of State

Entity Name: PREGNANCY RESOURCE CENTER OF PANAMA CITY, INC.

Current Principal Place of Business:

745 GRACE AVE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 828
PANAMA CITY, FL 324020828

New Mailing Address:

FEI Number: 59-2554673 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HANEY, TODD
1806 CONNECTICUT AVE
LYNN HAVEN, FL 32444 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: ED () Delete
Name: MILLER, DENISE D
Address: 108 SANDOLLAR DR
City-St-Zip: PANAMA CITY, FL 32408 US

Title: SD () Delete
Name: ASHBROOK, CONNIE
Address: 2704 COUNTRY CLUB DR
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D () Delete
Name: WHITEHURST, SALLIE
Address: PO BOX 828
City-St-Zip: PANAMA CITY, FL 32402 US

Title: D () Delete
Name: HAYES, BOB
Address: POBOX 828
City-St-Zip: PANAMA CITY, FL 32402 US

Title: D () Delete
Name: PICKERILL, DON
Address: 1801 RHODE ISLAND AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Delete
Name: JOHNSON, RYAN
Address: 2175 FRANKFORD AV. APT. F104
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: JOHNSON, RYAN
Address: PO BOX 828
City-St-Zip: PANAMA CITY, FL 32402 US

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: DENISE D. MILLER

ED

01/08/2007

Electronic Signature of Signing Officer or Director

Date