2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N06901

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:

JOHNSON, RYAN PASTOR
745 GRACE AV
PANAMA CITY, FL 32401 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:	CARROLL, SUSAN ATTY	
Address:	745 GRACE AVE	
City-St-Zip:	PANAMA CITY, FL 32401 US	
Title:	D	( ) Delete
Name:	HAYES, BOB PASTOR	
Address:	745 GRACE AV	
City-St-Zip:	PANAMA CITY, FL 32401 US	
Title:	D	( ) Delete
Name:	PICKERILL, DON	
Address:	1801 RHODE ISLAND AVE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	( ) Delete
Name:	THARPE, ASHLEY	
Address:	745 GRACE AV	
City-St-Zip:	PANAMA CITY, FL 32401	

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:	D	(X) Change ( ) Addition
Name:	NELSON, BEVERLY	
Address:	509 W. 10TH ST.	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	(X) Change ( ) Addition
Name:	ALICIA, SHEFFIELD	
Address:	745 GRACE AV	
City-St-Zip:	PANAMA CITY, FL 32401	

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: DENISE D. MILLER ED 01/16/2009

Electronic Signature of Signing Officer or Director — Date