

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06901

FILED
Feb 22, 2012
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 ()

Name and Address of Current Registered Agent:

HARRIS, GLENDA
1341 CAPRI DRIVE
PANAMA CITY, FL 32405 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: SD
Name: GLENDA, HARRIS G
Address: 1341 CAPRI DRIVE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: D
Name: TRAPPE, TAMMY
Address: 15604 BLUE SPRINGS ROAD
City-St-Zip: YOUNGSTOWN, FL 32466 US

Title: D
Name: CAROL, WHITING
Address: 3215 PLEASANT HILL RD.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D
Name: ADAM, BEACH
Address: 1036 N BAY DRIVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D
Name: RILEY, KATIE
Address: 510 W. 10TH ST.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D
Name: DEREK, CARLSON
Address: 1130 NORTH BAY DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

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: KATIE RILEY

D

02/22/2012

Electronic Signature of Signing Officer or Director

Date