

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 02, 2010
Secretary of State

Entity Name: PREGNANCY CENTER OF OKEECHOBEE, INC.

Current Principal Place of Business:

1505 S PARROTT AVENUE
SUITE D
OKEECHOBEE, FL 34794

New Principal Place of Business:

Current Mailing Address:

1505 S PARROTT AVENUE
SUITE D
OKEECHOBEE, FL 34794

New Mailing Address:

1505 S PARROTT AVENUE
SUITE D
OKEECHOBEE, FL 34794

FEI Number: 33-1164762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUMPKIN, LISA R
1505 S PARROTT AVENUE
OKEECHOBEE, FL 34974 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: PD
Name: MERSHIMER, LOY
Address: 312 NORTH PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D
Name: JOLICOUER, NANCY
Address: 2044 SW 19TH LANE
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD
Name: HELTON, DONNA L
Address: 393 SW 77TH TERR
City-St-Zip: OKEECHOBEE, FL 34974

Title: D
Name: JEFFERS, CATHERINE
Address: 505 SW 9TH ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD
Name: WATFORD, CHERI
Address: 701 NE 5TH ST
City-St-Zip: OKEECHOBEE, FL 34972

Title: SD
Name: LUTJEN, BARBARA
Address: 1551 NW 102ND ST
City-St-Zip: OKEECHOBEE, FL 34972

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: LISA R. LUMPKIN

RA

03/02/2010

Electronic Signature of Signing Officer or Director

_____ Date