

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004109

FILED
Mar 22, 2012
Secretary of State

Entity Name: PREGNANCY CENTER OF OKEECHOBEE, INC.

Current Principal Place of Business:

500 NW 6TH STREET
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

500 NW 6TH STREET
OKEECHOBEE, FL 34972

New Mailing Address:

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:

LUMPKIN, LISA R
500 NW 6TH STREET
OKEECHOBEE, FL 34972 US

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:

03/22/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: DS
Name: MATTHEWS, KAREN
Address: 402 SE 8TH DRIVE
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: D
Name: RUCKS, HEATHER
Address: 2240 NW 144TH DRIVE
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: DONNA L. HELTON

TREA

03/22/2012

Electronic Signature of Signing Officer or Director

Date