

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008673

FILED  
May 31, 2008  
Secretary of State

**Entity Name:** A SAFE HARBOR PREGNANCY RESOURCE CENTER, INC.

**Current Principal Place of Business:**

902-06 LEE ROAD  
WINTER PARK, FL 32804

**New Principal Place of Business:**

902-06 LEE ROAD  
ORLANDO, FL 32810

**Current Mailing Address:**

902-06 LEE ROAD  
WINTER PARK, FL 32804

**New Mailing Address:**

902-06 LEE ROAD  
ORLANDO, FL 32810

**FEI Number:** 26-0860208      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LITTON, JOHN E  
4484 N JOHN YOUNG PKWY  
ORLANDO, FL 32804 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: P ( ) Delete  
Name: LITTON, JOHN E  
Address: 1209 PIEDMONT LAKES BLVD  
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete  
Name: SATCHER, PAULA  
Address: 600 E COLONIAL DR SUITE 100  
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete  
Name: AEBLI, JAUQUES  
Address: 127 VARSITY CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: THORSELL, MARCIA  
Address: 2728 SHEILA DR.  
City-St-Zip: APOPKA, FL 32712

Title: S (X) Change ( ) Addition  
Name: REILLY, DIANNE  
Address: 1320 CRESENT LAKE DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: T (X) Change ( ) Addition  
Name: HAYES, THOMAS  
Address: 535 GREENBRIAR AVE  
City-St-Zip: CELEBRATION, FL 34747

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: MARCIA THORSELL

P

05/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date