

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07972

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: PINELLAS CRISIS PREGNANCY CENTER, INC.

**Current Principal Place of Business:**

1910 EAST BAY DRIVE  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

1910 EAST BAY DRIVE  
LARGO, FL 33771

**New Mailing Address:**

FEI Number: 59-2588366      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

PITCHON, SOL  
467 BRIDLE PATH WAY  
TARPON SPRINGS, FL 34688      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: PITCHON, SOL  
Address: 467 BRIDLE PATH WAY  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD ( ) Delete  
Name: STEUER, MICHAEL  
Address: 2613 BELLHURST DR.  
City-St-Zip: DUNEDIN, FL 34698

Title: DS ( ) Delete  
Name: TOWNE, BARBARA  
Address: 7650 BAYSHORE DRIVE, #706  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: DV ( ) Delete  
Name: ARRINGTON, KATHY  
Address: 5400 50TH AVE. N.  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: D ( ) Delete  
Name: CHAPMAN, TOM  
Address: 7675 HUNTER LANE  
City-St-Zip: PINELLAS PARK, FL 33782

Title: DC ( ) Delete  
Name: KOVAC, GREGORY  
Address: 2931 ELYSIUM WAY  
City-St-Zip: CLEARWATER, FL 33759

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: WIGGINTON, RAQUEL  
Address: 4014 PORTSMOUTH ROAD  
City-St-Zip: LARGO, FL 33771

Title: DV (X) Change ( ) Addition  
Name: PILKINGTON, DAVID  
Address: 7295 SAVOY COURT  
City-St-Zip: SEMINOLE, FL 33776

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL E. STEUER, CPA

TD

04/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date