

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07972

FILED  
Apr 22, 2010  
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  
Name: PITCHON, SOL  
Address: 467 BRIDLE PATH WAY  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DT  
Name: STUART, RODERICK  
Address: 1539 RIDGEWOOD STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: DS  
Name: BACON, BRITTNY  
Address: 2959 1ST AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33713

Title: DC  
Name: PILKINGTON, DAVID  
Address: 7295 SAVOY COURT  
City-St-Zip: SEMINOLE, FL 33776

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

Title: DV  
Name: ARRINGTON, KATHY  
Address: 5400 50TH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33709

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: SOL PITCHON

PRES

04/22/2010

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

\_\_\_\_\_  
Date