

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007213

FILED
Feb 23, 2012
Secretary of State

Entity Name: CENTRAL FLORIDA PREGNANCY CENTER, INC.

Current Principal Place of Business:

689 DELTONA BLVD., SUITE B
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

PO BOX 5343
DELTONA, FL 32728

New Mailing Address:

FEI Number: 26-2959738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHANSON, CYNTHIA
689 DELTONA BLVD., SUITE B
DELTONA, FL 32725 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: C
Name: WEIGAND, FREDERICK
Address: 2670 DOYLE ROAD
City-St-Zip: DELTONA, FL 32738

Title: T
Name: FEUERBACHER, MARGARITA
Address: 1084 RADFORD DRIVE
City-St-Zip: DELTONA, FL 32738

Title: S
Name: MCAVOY, CINDY
Address: 1501 S. SILVERSTONE COURT
City-St-Zip: ORANGE CITY, FL 32763

Title: M
Name: BAUMANN, DEBORA
Address: 402 ALEXANDER AVENUE
City-St-Zip: DELTONA, FL 32725

Title: D
Name: JOHANSON, CYNTHIA
Address: 1125 ELGROVE DR
City-St-Zip: DELTONA, FL 32725

Title: M
Name: WAGNER, RICHARD
Address: 1045 PADDINGTON TERRACE
City-St-Zip: LAKE MARY, FL 32746

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: CYNTHIA JOHANSON

D

02/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date