

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002988

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** ASPIRE PREGNANCY & FAMILY SERVICES, INC.

**Current Principal Place of Business:**

8998 N TRAVIS DR  
CITRUS SPRINGS, FL 34434

**New Principal Place of Business:**

8998 N. TRAVIS DR.  
CITRUS SPRINGS, FL 34434

**Current Mailing Address:**

PO BOX 44  
LECANTO, FL 34460

**New Mailing Address:**

**FEI Number:** 45-1346057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STACK, DRENDA  
8998 N TRAVIS DR  
CITRUS SPRINGS, FL 34434 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: PD  
Name: STACK, DRENDA  
Address: PO BOX 44  
City-St-Zip: LECANTO, FL 34460

Title: VD  
Name: PETERS, KARI  
Address: PO BOX 44  
City-St-Zip: LECANTO, FL 34460

Title: SD  
Name: SAINT, ANNE  
Address: PO BOX 44  
City-St-Zip: LECANTO, FL 34460

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: DRENDA STACK

PD

01/17/2012

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

\_\_\_\_\_  
Date