


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90052 023 \*\*\*\*70.00

**DOCUMENT # N12971**

1. Entity Name  
**BABY LOVE PREGNANCY CRISIS CENTER, INC.**



Principal Place of Business  
**2107 MARINER BLVD  
 SPRING HILL, FL 34609 US**

Mailing Address  
**PO BOX 5844  
 SPRING HILL, FL 34611 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03292005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-2830310**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WOODRUFF, KEN  
 801 S BROAD ST  
 BROOKSVILLE, FL 34601**

7. Name and Address of New Registered Agent  
 Name **Teri Sturgill**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19205 Pristine PL**  
 City **Lutz** **FL** Zip Code **33558**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Teri Sturgill* **Teri Sturgill Executive Director** **3/29/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKEAG, DAVID 9273 SWISS ROAD SPRING HILL, FL 34606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED STURGILL, TERI 19205 PRISTINE PLACE LUTZ, FL 33558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TASSEY, PASTOR W 397 JENICO CT SPRING HILL, FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RHODES, JOHN 6221 DALTON SPRING HILL, FL 34606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ULM, CATHY 318 WOODSTREAM WAY SPRING HILL, FL 34608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENLEY-JOHNSON, PAMELA 9402 SAND PINES CT BEAVER, OH 45613	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sharon Roller PO Box 11077 Spring Hill, FL 34608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Keller 11250 Spring Hill Dr. Spring Hill, FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisa Hartle 7378 Jomel Dr. Spring Hill, FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Henley-Johnson, Pamela 9402 Sand Pines Ct Brooksville, FL 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teri Sturgill* **Teri Sturgill** **3/29/05** **(352)683-8217**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #