

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12971

FILED
Jan 17, 2008
Secretary of State

Entity Name: BABY LOVE PREGNANCY CRISIS CENTER, INC.

Current Principal Place of Business:

2107 MARINER BLVD
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5844
SPRING HILL, FL 34611 US

New Mailing Address:

FEI Number: 59-2830310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STURGILL, TERI
19205 PRISTINE PL
LUTZ, FL 33558 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: D () Delete
Name: HARTLE, LISA
Address: 7378 JOMEL DR.
City-St-Zip: SPRING HILL, FL 34607

Title: ED () Delete
Name: STURGILL, TERI
Address: 19205 PRISTINE PLACE
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: TASSEY, PASTOR W
Address: 397 JENICO CT
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: ROLLER, SHARON
Address: PO BOX 11077
City-St-Zip: SPRING HILL, FL 34608

Title: T () Delete
Name: ULM, CATHY
Address: 318 WOODSTREAM WAY
City-St-Zip: SPRING HILL, FL 34608

Title: P () Delete
Name: HENLEY-JOHNSON, PAMELA
Address: 9402 SAND PINES CT
City-St-Zip: BEAVER, OH 45613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: TERI STURGILL

ED

01/17/2008

Electronic Signature of Signing Officer or Director

Date