

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12971

FILED  
Apr 12, 2011  
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:**

2107 MARINER BLVD  
SPRING HILL, FL 34609 US

**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: T  
Name: RIMILLER, MARIA  
Address: 2107 MARINER BLVD  
City-St-Zip: SPRING HILL, FL 34608

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

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

Title: VP  
Name: ROLLER, SHARON  
Address: PO BOX 11077  
City-St-Zip: SPRING HILL, FL 34608

Title: D  
Name: RHODES, JOHN  
Address: 6221 DALTON  
City-St-Zip: SPRING HILL, FL 34609

Title: P  
Name: SCHULLER, DAVE  
Address: 9516 EDEN AVE.  
City-St-Zip: HUDSON, FL 34667

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: TERI STURGILL

ED

04/12/2011

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

\_\_\_\_\_  
Date