

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91511 018 ****61.25

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

10089783



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2830310**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODRUFF, KEN
801 S BROAD ST
BROOKSVILLE FL 34601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **PD MCKEAG, DAVID** Delete
STREET ADDRESS **9273 SWISS ROAD**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE
NAME **E.D. TERI STURGILL** Change Addition
STREET ADDRESS **19205 Pristine Place**
CITY-ST-ZIP **Lutz, Fl. 33558**

TITLE
NAME **ED MCKEAG, BETTY** Delete
STREET ADDRESS **9273 SWISS ROAD**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE
NAME **D Pastor William Tassej** Change Addition
STREET ADDRESS **397 Jenico Ct.**
CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE
NAME **D WOOD, SHELDON REV** Delete
STREET ADDRESS **5212 DERBY AVE**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE
NAME **D JOHN RHODES** Change Addition
STREET ADDRESS **6221 DALTON**
CITY-ST-ZIP **SPRING HILL, FL. 34606**

TITLE
NAME **D MENCE, EDGAR** Delete
STREET ADDRESS **7418 DUNDEE WAY**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE
NAME **T CATHY ULM** Change Addition
STREET ADDRESS **318 Woodstream Way**
CITY-ST-ZIP **Spring Hill, Fl. 34608**

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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

[Handwritten Signature]

4/24/03

812-397-0914