

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

FILED

**Jan 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # N16940

1. Entity Name

WEST PASCO PREGNANCY CENTER, INC.



Principal Place of Business

**6107 OHIO AVE
NEW PORT RICHEY, FL 34653**

Mailing Address

**6107 OHIO AVE
NEW PORT RICHEY, FL 34652**



01062005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2728990

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOBEY, JOAN
1469 VENTNOR AVE
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

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

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

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NORTHROP, SUELLEN
STREET ADDRESS	4230 BOSTON CIR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D
NAME	COLUCCI, FRED
STREET ADDRESS	4748 WESTBURY CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D
NAME	MOSCHETTO, PATRICIA
STREET ADDRESS	4431 ONORIO ST.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	DP
NAME	TOBEY, JOAN
STREET ADDRESS	1469 VENTNOR AVENUE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	RIZZO, PIO R
STREET ADDRESS	6025 FALL RIVER DR
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	TD
NAME	KLAUSCH, FRANK R
STREET ADDRESS	5407 PALMETTO RD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

110000017052
01/11/05-80021-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Signature and typed or printed name of signing officer or director

Frank R. Klausch, Treasurer

1/6/05

Date

Daytime Phone #

(727) 846-9999