


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90051 013 \*\*\*\*61.25

**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**

2. Principal Place of Business - No P.O. Box #  
**5330 George St.**

3. Mailing Address  
**5330 George St.**

Suite, Apt. #, etc.

City & State  
**New Port Richey, FL**

City & State  
**New Port Richey FL**

Zip  
**34652**

Country  
**Pasco**

Zip  
**34652**

Country  
**Pasco**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$81.25 Due by September 14, 2007**

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 D	<input checked="" type="checkbox"/> Delete NORTHROP, SUELLEN 4230 BOSTON CIR NEW PORT RICHEY, FL 34655	TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Handel Delores 13006 B Wedgewood Way BayonetPoint, FL 34667
TITLE D	<input type="checkbox"/> Delete COLUCCI, FRED 4748 WESTBURY CT. NEW PORT RICHEY,, FL 34655	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete MOSCHETTO, PATRICIA 4431 ONORIO ST. NEW PORT RICHEY, FL 34653	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP	<input type="checkbox"/> Delete TOBEY, JOAN 1469 VENTNOR AVENUE TARPON SPRINGS, FL 34689	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete RIZZO, PIO R 6025 FALL RIVER DR NEW PORT RICHEY, FL	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<input type="checkbox"/> Delete KLAUSCH, FRANK R 5407 PALMETTO RD NEW PORT RICHEY, FL 34652	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  **Frank R. Klausch** Treasurer **7/6/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



07052007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2728990** Applied For  Not Applicable

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