

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90033 038 ****61.25

DOCUMENT # N16940 1. Entity Name WEST PASCO PREGNANCY CENTER, INC.					
Principal Place of Business 5330 GEORGE ST NEW PORT RICHEY, FL 34652			Mailing Address 5330 GEORGE ST NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2728990	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Megmelstein, Pat Street Address (P.O. Box Number is Not Acceptable) 14343 Teasdale Ave. City Hudson FL Zip Code 34667		
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: <i>Patricia Megmelstein</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP	SD DELORES, HANDEL 13006 B WEDGEWOOD WAY BAYONETPOINT, FL 34687	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLUCCI, FRED 4748 WESTBURY CT. NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSCHETTO, PATRICIA 4431 ONORIO ST. NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOBEY, JOAN 1469 VENTNOR AVENUE TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIZZO, PIO R 6025 FALL RIVER DR NEW PORT RICHEY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLAUSCH, FRANK R 5407 PALMETTO RD NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Megmelstein, Pat 14343 Teasdale Ave. Hudson, FL 34667	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Martin, Bonnie 5749 Sea Breeze Drive Port Richey, FL 34668	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hammer, David Rev. 10122 Ringling Street New Port Richey, FL 34655-2049	<input checked="" type="checkbox"/> Change <input checked="" 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: <i>Patricia Megmelstein</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <i>1/24/08</i> 727 862 6138 </div> <small>Date Daytime Phone #</small>					

*Board President
West Pasco Pregnancy Ctr.*