

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90024 023 ****61.25

DOCUMENT # N19569 1. Entity Name VENICE AREA PREGNANCY CARE CENTER, INC.					
Principal Place of Business 301 BAYSHORE DR. VENICE, FL 34285			Mailing Address 301 BAYSHORE DR. VENICE, FL 34285		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07142006 Chg-NP CR2E037 (4/06)	
4. FEI Number 65-0020968				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARIDAS, JANET 223 OUTER DR. WEST VENICE, FL 34285			7. Name and Address of New Registered Agent Name KERNAGHAN, LORRAINE Street Address (P.O. Box Number is Not Acceptable) 132 DAVINCI DRIVE City NOKOMIS FL Zip Code 34275		
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 <u>Lorraine Kernaghan</u> LORRAINE KERNAGHAN 7-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> TREAS. DATE					
Filing Fee is \$61.25 Due by September 6, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGINNIS, RUTH		NAME		
STREET ADDRESS	3081 SHAMROCK DR.		STREET ADDRESS		
CITY - ST - ZIP	VENICE, FL 34293		CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONAHOE, JUDY		NAME	DONAHOE, JUDY	
STREET ADDRESS	646 BIRD BAY DR. E		STREET ADDRESS	154 INLETS BLVD.	
CITY - ST - ZIP	VENICE, FL 34285		CITY - ST - ZIP	NOKOMIS, FL 34275	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARIDAS, JANET		NAME	KERNAGHAN, LORRAINE	
STREET ADDRESS	223 OUTER DR. W		STREET ADDRESS	132 DAVINCI DRIVE	
CITY - ST - ZIP	VENICE, FL 34285		CITY - ST - ZIP	NOKOMIS, FL 34275	
TITLE	RS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAIR, HATTIE		NAME	ADAMS, JUDY	
STREET ADDRESS	617 RAVENNA STREET		STREET ADDRESS	951 HIGHLAND CT.	
CITY - ST - ZIP	VENICE, FL 34285		CITY - ST - ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	FANNING, TERRY	
STREET ADDRESS			STREET ADDRESS	437 CERRAMAR LANE #425	
CITY - ST - ZIP			CITY - ST - ZIP	VENICE, FL 34292	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: Lorraine Kernaghan LORRAINE KERNAGHAN 7-17-06 941-966-4719 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> TREAS. Date Daytime Phone #					