

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90053 022 \*\*\*\*61.25

**DOCUMENT # N19569**

1. Entity Name  
**VENICE AREA PREGNANCY CARE CENTER, INC.**



40036705

Principal Place of Business  
**301 BAYSHORE DR.  
VENICE, FL 34285**

Mailing Address  
**301 BAYSHORE DR.  
VENICE, FL 34285**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0020968**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KERNAGHAN, LORRAINE  
132 DAVINCI DRIVE  
NOKOMIS, FL 34275**

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

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, 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

TITLE **P** ☐ Delete  
NAME **MAGINNIS, RUTH**  
STREET ADDRESS **3081 SHAMROCK DR.**  
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **V** ☐ Delete  
NAME **DONAHUE, JUDY**  
STREET ADDRESS **154 INLETS BLVD.**  
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **V** ☐ Delete  
NAME **KERNAGHAN, LORRAINE**  
STREET ADDRESS **132 DAVINCI DRIVE**  
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **RS** ☐ Delete  
NAME **ADAMS, JUDY**  
STREET ADDRESS **951 HIGHLAND CT.**  
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **KERNAGHAN, LORRAINE**  
STREET ADDRESS **132 DAVINCI DRIVE**  
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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** 3-14-07 941 966-4719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #