

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90060 016 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122008 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

7. Name and Address of New Registered Agent

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

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, 2008**

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 **DONAHOE, JUDY**
STREET ADDRESS **154 INLETS BLVD.**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **T** ☐ 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 **P** ☐ Change ☐ Addition
NAME **DONAHOE, JUDY**
STREET ADDRESS **154 INLETS BLVD.**
CITY-ST-ZIP **NOKOMIS, FL 34275**

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

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

TITLE **RS** ☐ Change ☒ Addition
NAME **JANET CARIDAS**
STREET ADDRESS **223 OUTER DR. W.**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE **CS** ☐ Change ☒ Addition
NAME **CATHY CUMMINGS**
STREET ADDRESS **333 SUNSET LAKE BLVD.**
CITY-ST-ZIP **VENICE FL 34292**

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 4-18-08 941-966-4719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #