

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19569

FILED
Mar 25, 2009
Secretary of State

Entity Name: VENICE AREA PREGNANCY CARE CENTER, INC.

Current Principal Place of Business:

301 BAYSHORE DR.
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

301 BAYSHORE DR.
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-0020968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERNAGHAN, LORRAINE
132 DAVINCI DRIVE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DONAHOE, JUDY
Address: 154 INLETS BLVD.
City-St-Zip: NOKOMIS, FL 34275

Title: V () Delete
Name: DONAHOE, JUDY
Address: 154 INLETS BLVD.
City-St-Zip: NOKOMIS, FL 34275

Title: T () Delete
Name: KERNAGHAN, LORRAINE
Address: 132 DAVINCI DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: RS () Delete
Name: ADAMS, JUDY
Address: 951 HIGHLAND CT.
City-St-Zip: NOKOMIS, FL 34275

Title: CS () Delete
Name: CUMMINGS, CATHY
Address: 333 SUNSET LAKE BLVD.
City-St-Zip: VENICE, FL 34292

Title: V (X) Delete
Name: ADAMS, JUDY
Address: 951 HIGHLAND CT
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ADAMS, JUDY
Address: 951 HIGHLAND CT.
City-St-Zip: NOKOMIS, FL 34275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: RS (X) Change () Addition
Name: CARIDAS, JANET
Address: 223 OUTER DRIVE
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE KERNAGHAN

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date