


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90045 037 ****61.25

DOCUMENT # N25542 1. Entity Name UNIVERSITY CRISIS PREGNANCY CENTER, INC.					
Principal Place of Business 14620 N NEBRASKA AVE. UNIT C TAMPA, FL 33613 US			Mailing Address 14620 N NEBRASKA AVE. UNIT C TAMPA, FL 33613 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCLAUGHLIN, DOROTHY 14620 N NEBRASKA AVE UNIT C TAMPA, FL 33613				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		\$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	D TOWNSEND, PAMELA 402 FERN CLIFF AVE TAMPA, FL 33617 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, BOB 5219 LOWELL ROAD TAMPA, FL 33624 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, GEORGE 2006 BLIND POND AVE. LUTZ, FL 33549 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, DOROTHY 14620 N NEBRASKA AVE -C TAMPA, FL 33613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILTON, JEANIE 19321 CRESCENT RD ODESSA, FL 33556 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEW, LENNY 9411 PEBBLE GLEN AVE TAMPA, FL 33647 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Dorothy A. McLaughlin</u> DOROTHY A. MCLAUGHLIN 1-21-04 (813) 978-9737 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01162004 Chg-NP CR2E037 (10/03)