

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25542

FILED
Jan 23, 2006
Secretary of State

Entity Name: UNIVERSITY CRISIS PREGNANCY CENTER, INC.

Current Principal Place of Business:

14620 N NEBRASKA AVE.
UNIT C
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

14620 N NEBRASKA AVE.
UNIT C
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-2898778 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCLAUGHLIN, DOROTHY A EX DIR
14620 N NEBRASKA AVE
UNIT C
TAMPA, FL 33613 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: D (X) Delete
Name: ARCAND, MICHELLE
Address: 30703 LANESBOROUGH CIR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: REED, BOB
Address: 5219 LOWELL ROAD
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: MAYER, GEORGE
Address: 20134 KNOB OAK AVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: MCLAUGHLIN, DOROTHY
Address: 14620 N NEBRASKA AVE -C
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: HILTON, JEANIE
Address: 19321 CRESCENT RD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: CHEW, LENNY
Address: 9411 PEBBLE GLEN AVE.
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MAYER, GEORGE
Address: 20134 NOB OAK AVE
City-St-Zip: TAMPA, FL 33647

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

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 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: DOROTHY A MCLAUGHLIN

EXD

01/23/2006

Electronic Signature of Signing Officer or Director

Date