

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25542

FILED
Jan 08, 2010
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:

CUCULICH, SANDY 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
Name: REED, BOB
Address: 5219 LOWELL ROAD
City-St-Zip: TAMPA, FL 33624

Title: D
Name: MAYER, GEORGE
Address: 20134 NOB OAK AVE
City-St-Zip: TAMPA, FL 33647

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

Title: D
Name: BROWN, MATTHEW
Address: 315 LAKE HOBBS RD
City-St-Zip: LUTZ, FL 33548

Title: D
Name: LAMBERSON, CRAIG
Address: 1503 AMARONE PL
City-St-Zip: TAMPA, FL 33548

Title: D
Name: STONE, SHEILA & GARY
Address: 3044 HIGH MEADOW WAY
City-St-Zip: LAND O LAKES, FL 34639

I hereby 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 all other like empowered.

SIGNATURE: SANDRA CUCULICH

DIR

01/08/2010

Electronic Signature of Signing Officer or Director

Date