

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N30664 (9)**

1. Corporation Name

**ALPHA PREGNANCY CENTER, INC.**



Principal Place of Business

Mailing Address

217 S. HOPKINS AVE.  
P. O. BOX 2142  
TITUSVILLE FL 32781  
US

% STUART C. RATLIFF  
P.O. BOX 2142  
TITUSVILLE FL 32781-2142  
US

3. Date Incorporated or Qualified  
**02/13/1989**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2935834**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RATLIFF, STUART C.  
2615 BAYWOOD DRIVE  
TITUSVILLE FL 32780

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Stuart C. Ratliff*

**STUART C. RATLIFF TREASURER**

**4/5/96**

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME PITTS, JOHN  
STREET ADDRESS 2450 BAR C AVENUE  
CITY-ST-ZIP MIMS FL

TITLE VD ☐ DELETE  
NAME MAGNUSON, RENEE  
STREET ADDRESS 3610 EAST POWDER HORN RD  
CITY-ST-ZIP TITUSVILLE FL

TITLE STD ☐ DELETE  
NAME RATLIFF, STUART C.  
STREET ADDRESS 2615 BAYWOOD DRIVE  
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Renee Magnuson  
1.3 STREET ADDRESS 3610 E. Powder Horn Rd  
1.4 CITY-ST-ZIP Titusville, FL 32796

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Ken Carlson  
2.3 STREET ADDRESS 4242 Flintshire Way  
2.4 CITY-ST-ZIP Titusville, FL 32796

3.1 TITLE STD - Assistant Treasurer ☐ Change ☒ Addition  
3.2 NAME Sandra Stanford  
3.3 STREET ADDRESS 1617 Kemberly Ave  
3.4 CITY-ST-ZIP Titusville, FL 32796

4.1 TITLE Head Treasurer ☒ Change ☐ Addition  
4.2 NAME Ratliff, Stuart C.  
4.3 STREET ADDRESS 2615 Baywood Dr  
4.4 CITY-ST-ZIP Titusville, FL 32780

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sandra B. Stanford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-96 (40) 2683477**

Date

Daytime Phone #

CR2E037 (12/95)