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FILED

Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
US3. Date Incorporated or Qualified  
02/13/19893a. Date of Last Report  
05/01/19964. FEI Number  
59-2935834Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RATLIFF, STUART C.  
2815 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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MAGNUSON, RENEE  
STREET ADDRESS 3610 E POWDERHORN RD  
CITY-ST-ZIP TITUSVILLE FL 327961.1 TITLE Secretary ☐ Change ☒ Addition  
1.2 NAME Kim McGill  
1.3 STREET ADDRESS 4935 Mikanos Pl  
1.4 CITY-ST-ZIP Cocoa, FL 32926TITLE VD ☐ DELETE  
NAME CARLSON, KEN  
STREET ADDRESS 4242 FLINT SHIRE WAY  
CITY-ST-ZIP TITUSVILLE FL 327962.1 TITLE Treasurer ☒ Change ☐ Addition  
2.2 NAME Sandra Stanford  
2.3 STREET ADDRESS 1617 Kemberly Ave  
2.4 CITY-ST-ZIP Titville, FL 32796TITLE STD ☐ DELETE  
NAME STANFORD, SANDRA  
STREET ADDRESS 1617 KEMBERLY AVE  
CITY-ST-ZIP TITUSVILLE FL 327963.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE HT ☐ DELETE  
NAME RATLIFF, STUART C  
STREET ADDRESS 2815 BAYWOOD DR  
CITY-ST-ZIP TITUSVILLE FL 327804.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015171

CR2E037 (9/96)