

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N30664** (9)
1. Corporation Name
ALPHA PREGNANCY CENTER, INC.



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|---|---|
| Principal Place of Business 217 S. HOPKINS AVE. P. O. BOX 2142 TITUSVILLE FL 32781 US | Mailing Address % STUART C. RATLIFF P.O. BOX 2142 TITUSVILLE FL 32781-2142 US |
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|--|--|
| 3. Date Incorporated or Qualified 02/13/1989 | |
| 4. FEI Number 59-2935834 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|--|---|
| 2. Principal Place of Business 21 315 Bayview Ave Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| City & State 23 Titusville FL | City & State 27 |
| Zip 24 32780 | Country 25 USA |

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|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent RATLIFF, STUART C. 2615 BAYWOOD DRIVE TITUSVILLE FL 32780 | |
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| | |
|---|-----------------------|
| 10. Name and Address of New Registered Agent | |
| 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 Treasurer DATE 1/12/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PD MAGNUSON, RENEE |
| STREET ADDRESS | 3610 E POWDERHORN RD |
| CITY-ST-ZIP | TITUSVILLE FL 32796 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VD CARLSON, KEN |
| STREET ADDRESS | 4242 FLINT SHIRE WAY |
| CITY-ST-ZIP | TITUSVILLE FL 32796 |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | T STANFORD, SANDRA |
| STREET ADDRESS | 1617 KEMBERLY AVE |
| CITY-ST-ZIP | TITUSVILLE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | HT RATLIFF, STUART C |
| STREET ADDRESS | 2615 BAYWOOD DR |
| CITY-ST-ZIP | TITUSVILLE FL 32780 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | S MCGILL, KIM |
| STREET ADDRESS | 4935 MIKONOS PL |
| CITY-ST-ZIP | COCOA FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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: Benee Magnuson

2/18/98

CR2E037 (10/97)