


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90296 038 ****61.25

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| DOCUMENT # N30664 |  |
| 1. Entity Name ALPHA PREGNANCY CENTER, INC. | |

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| Principal Place of Business 315 BAYVIEW AVE P. O. BOX 2142 TITUSVILLE FL 32780 US | Mailing Address % STUART C. RATLIFF P.O. BOX 2142 TITUSVILLE FL 32781-2142 US |
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| 2. Principal Place of Business 315 BAYVIEW ST. | 3. Mailing Address P.O. Box 2142 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State TITUSVILLE, FL | City & State TITUSVILLE, FL |
| Zip 32780 | Zip 32781 |
| Country USA | Country USA |

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| 4. FEI Number 59-2935834 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WOOD, LEEANN 2775 HULLCREST AVENUE TITUSVILLE FL 32796 |
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| 7. Name and Address of New Registered Agent Name: MARY B. RADCLIFF Street Address (P.O. Box Number is Not Acceptable) 1964 N. CARPENTER RD. City: TITUSVILLE FL Zip Code: 32796 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MAYNARD, DEANNA 3658 SUNNY DRIVE MIMS FL 32754 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD CARLSON, KEN 4242 FLINT SHIRE WAY TITUSVILLE FL 32796 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD PARISE, CARMEN 7484 GLENWOOD RD PT ST JOHN FL 32927 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD LAWRENCE, ELLEN 3700 KLOSS STREET MIMS FL 32754 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HEATH, SHAUN 3953 TANGLE DRIVE TITUSVILLE FL 32796 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | M WOOD, LEEANN 2775 HILLCREST AVENUE TITUSVILLE FL 32796 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LINDA JONES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD DEBBIE CLARK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | M MARY RADCLIFF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Stella Kreiner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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| SIGNATURE: Mary B. Radcliff | 4-22-04 (32) 26A-1524 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |