2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State
04-13-2005 90037 009 ****61.25

DOCUMENT # N30664

1. Entity Name

ALPHA PREGNANCY CENTER, INC.

Principal Place of Business	Mailing Address
315 BAYVIEW ST. TITUSVILLE FL 32780 US	P.O. BOX 2142 TITUSVILLE FL 32781 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2935834 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RADCLIFF, MARY B 1964 N CARPENTER RD. TITUSVILLE FL 32796	Name: Debbie Clark Street Address (P.O. Box Number is Not Acceptable): 25225 Wheeler Rd City: Christmas FL Zip Code: 32709

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.

SIGNATURE: Deborah Clark 4-8-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, LINDA 3658 SUNNY DRIVE MIMS FL 32754	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Debbie Clark 25225 Wheeler Rd Christmas FL 32709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLARK, DEBBIE 4242 FLINT SHIRE WAY TITUSVILLE FL 32796	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Director Roxanne Didomenico 1820 Milton St. Titusville FL 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M RADCLIFF, MARY 7484 GLENWOOD RD PT ST JOHN FL 32927	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Carmen Parise 7484 Glenwood Rd Cocoa FL 32927	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KREINER, STELLA 3700 KLOSS STREET MIMS FL 32754	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Estelle Kreiner 2960 Kelley ST Titusville, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Deborah Clark 5-4-05 321-267-5526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #