FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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95 MAY -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N39497** (5)

1. Corporation Name

PWA COALITION OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
P. O. BOX 9731 TAMPA FL 33674-9731	P. O. BOX 9731 TAMPA FL 33674-9731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3050586	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SPANOS, PETER L.
5607 NORTH MIAMI AVENUE
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name: JAMES E NIKON
82 Street Address (P.O. Box Number is Not Acceptable): 2805 W Horatio #17
83
84 City: Tampa FL 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 5/1/95
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P	11 TITLE	P	☒ Change ☐ Addition
12 NAME	CRISAFULLI, FRANK	12 NAME	Joseph Rudy	
13 STREET ADDRESS	5705 NORTH MIAMI AVENUE	13 STREET ADDRESS	5708 North Central Ave	
14 CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	Tampa FL 33604	
21 TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
22 NAME	BLOCK, REGINA	22 NAME	Richard Curam	
23 STREET ADDRESS	10401 VENTURA AVENUE	23 STREET ADDRESS	4014 N. Marquerde St	
24 CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa FL 33603	
31 TITLE	T	31 TITLE	D	☒ Change ☐ Addition
32 NAME	SPANES, PETER	32 NAME	Jimmy Nixon	
33 STREET ADDRESS	5607 NORTH MIAMI AVENUE	33 STREET ADDRESS	2805 W Horatio #17	
34 CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	Tampa FL 33609	
41 TITLE	S	41 TITLE	D	☒ Change ☐ Addition
42 NAME	JUSTICE, HAROLD	42 NAME	Bob Albison	
43 STREET ADDRESS	5709 NORTH MIAMI AVENUE	43 STREET ADDRESS	308 E Jean ST	
44 CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	Tampa FL 33604	
51 TITLE	D	51 TITLE	D	☒ Change ☐ Addition
52 NAME	STROHM, BRIAN	52 NAME	Mario Sacchell	
53 STREET ADDRESS	7615 MARECHAL AVENUE	53 STREET ADDRESS	1309 S. Howard Ave #17	
54 CITY ST ZIP	PORT RICHEY FL	54 CITY ST ZIP	Tampa FL 33606	
61 TITLE	D	61 TITLE	D	☒ Change ☐ Addition
62 NAME	RUDY, JOSEPH	62 NAME	Hector Santiago	
63 STREET ADDRESS	5708 NORTH CENTRAL AVENUE	63 STREET ADDRESS	8213 N 14th Street	
64 CITY ST ZIP	TAMPA FL	64 CITY ST ZIP	Tampa FL 33604	

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)(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] 5/1/95 872-7856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0065015

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **N39500** **(6)**

ACCEPT PREGNANCY CENTERS, INC.

FILED
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
282 SHORT AVE SUITE 125 LONGWOOD FL 32750 US	282 SHORT AVE SUITE 125 LONGWOOD FL 32750 US
2. Principal Place of Business: 21 282 Short Ave	2a. Mailing Address: 26 282 Short Ave
Suite, Apt #, etc: 22 Suite 124	Suite, Apt #, etc: 27 Suite 124
City & State: 23 Longwood, FL	City & State: 28 Longwood, FL
Zip: 24 32750 County: 25 Seminole	Zip: 29 32750 County: 30 Seminole

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1990
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-3030980 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ADKISON, SANDRA J.
282 SHORT AVE
SUITE 1
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: Sharon Daniel
82 Street Address (P.O. Box Number is Not Acceptable): 4655 Cason Cove Dr. Apt #2814
83
84 City: Orlando FL 85 Zip Code: 32811

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Sharon Daniel DATE: 4/ /1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS	
TITLE	CD	1 TITLE	CD ☑ Change ☐ Addition
NAME	GALLOWAY, DAVID, F, JR	1 NAME	Tony Black
STREET ADDRESS	2068 GRANDVIEW AVE S	1 STREET ADDRESS	103 Aldean Drive
CITY-ST-ZIP	SANFORD FL	1 CITY-ST-ZIP	Sanford, FL 32771
TITLE	VD	2 TITLE	VD ☑ Change ☐ Addition
NAME	CHRISTENSEN, BERT	2 NAME	Jerry Jaskot
STREET ADDRESS	690 N WELLS ST	2 STREET ADDRESS	PO Box 327 "N/A"
CITY-ST-ZIP	APOPKA FL	2 CITY-ST-ZIP	Killarney, FL 34740
TITLE	TD	3 TITLE	TD ☐ Change ☐ Addition
NAME	CROWDER, DAVID	3 NAME	David Crowder
STREET ADDRESS	345 E. STATE ROD 436 STE 101	3 STREET ADDRESS	345 E SR 436 Ste 101
CITY-ST-ZIP	FERN PARK, FL 32730 FL	3 CITY-ST-ZIP	Fern Park, FL 32730
TITLE	SD	4 TITLE	SD ☑ Change ☐ Addition
NAME	EMOGENE, MARSHALL	4 NAME	Patty Grinnell
STREET ADDRESS	4706 HARWISH ST.	4 STREET ADDRESS	715 Schopke Road
CITY-ST-ZIP	ORLANDO, FL 32808	4 CITY-ST-ZIP	Apopka, FL 32712
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(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: David Crowder 4/ /95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0031652