FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:20

DOCUMENT # N39601 (2)

1. Corporation Name
SUNCOAST CRISIS PREGNANCY CENTER, INC.

Principal Place of Business	Mailing Address
1572 N MEADOWCREST BLVD CRYSTAL RIVER FL 32629	1572 N MEADOWCREST BLVD CRYSTAL RIVER FL 32629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1990
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3072161 ☐ 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

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

9. Name and Address of Current Registered Agent

DEROSA, PETER A
8614 W VARRICCHIO LANE
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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] PETE DE ROSA 3/13/95
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	DV	1.1 TITLE	D/V	☒ Change ☐ Addition
NAME	DEROSA, PETER A	1.2 NAME	NOBERLEY, MICHAEL S.	
STREET ADDRESS	8614 W. VARRICCHIO LANE	1.3 STREET ADDRESS	1616 S. SUNCOAST BLVD.	
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	HOMOSASSA, FL 34448-1465	
TITLE	DP	2.1 TITLE	D/P	☒ Change ☐ Addition
NAME	COHEN, ROBERT A	2.2 NAME	MURPHY, PAULINE P	
STREET ADDRESS	1439 E. HARTFORD ST.	2.3 STREET ADDRESS	402 LAKE ST.	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	TD	3.1 TITLE	D/T	☒ Change ☐ Addition
NAME	GEISEL, BARBARA	3.2 NAME	DE ROSA, PETER A.	
STREET ADDRESS	3301 SE 41ST PLACE	3.3 STREET ADDRESS	8614 W. VARRICCHIO LN.	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	S	4.1 TITLE	D/S	☒ Change ☐ Addition
NAME	WARD, CINDY	4.2 NAME	PESHEK, GUY T	
STREET ADDRESS	P.O. BOX 1873	4.3 STREET ADDRESS	1621 N. MARLBOROUGH LOOP	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429-8714	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: [signature] PAULINE P. MURPHY 3/13/95 904-344-3493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

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