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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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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 34429-5757**



2. Principal Place of Business

2a. Mailing Address

21 **5625 W GULF TO LAKE HWY**

26 **5625 W GULF TO LAKE HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **CRYSTAL RIVER FL**

28 **CRYSTAL RIVER FL**

Zip

Country

Zip

Country

24 **34429**

25 **CITRUS**

29 **34429**

30 **CITRUS**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

JOHNS, LORA G.

82 Street Address (P.O. Box Number is Not Acceptable)

61 W CYPRESS BLVD

83

84 City

HOMOSASSA

FL

85 Zip Code

34446

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 **Lora G. Johns, Esq. (LORA G. JOHNS)**

3/11/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relistening)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☒ DELETE
NAME **MOBERLEY, MICHAEL S.**
STREET ADDRESS **1616 SOUTH SUNCOAST BOULEVARD**
CITY-ST-ZIP **HOMOSASSA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DP** ☒ DELETE
NAME **MURPHY, PAULINE P.**
STREET ADDRESS **402 LAKE STREET**
CITY-ST-ZIP **INVERNESS FL**

2.1 TITLE **MD** ☐ Change ☒ Addition
2.2 NAME **JOHNS, LORA G.**
2.3 STREET ADDRESS **61 CYPRESS BLVD W**
2.4 CITY-ST-ZIP **HOMOSASSA, FL 34446**

TITLE **DST** ☐ DELETE
NAME **GRIFFIN, FR. RUSSELL A**
STREET ADDRESS **7208 W MILWE LN**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

3.1 TITLE **DV** ☒ Change ☐ Addition
3.2 NAME **GRIFFIN, FR. RUSSELL A**
3.3 STREET ADDRESS **7208 W MILWE LN**
3.4 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **DP** ☐ Change ☒ Addition
4.2 NAME **MAC CLELLAN, MARSHALL E.**
4.3 STREET ADDRESS **2554 MESA VERDE DR.**
4.4 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **DST** ☐ Change ☒ Addition
5.2 NAME **SMITH, YVONNE**
5.3 STREET ADDRESS **8984 W. RIVERGLEN CT.**
5.4 CITY-ST-ZIP **HOMOSASSA, FL 34448**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **STATION, LAURI**
6.3 STREET ADDRESS **11664 N KENLAKE CIR.**
6.4 CITY-ST-ZIP **CITRUS SPRINGS, FL 34434**

14. I do 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: **Lora G. Johns, Esq. (LORA G. JOHNS)**

3/11/97

352-795-5004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0065023**

CR2E037 (9/96)