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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham 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 5625 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429	Mailing Address 5625 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429
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3. Date Incorporated or Qualified

08/20/1990

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNS, LORA G
61 W CYPRESS BLVD.
HOMOSASSA FL 34448**

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	MAC CLELLAN, MARSHALL E
STREET ADDRESS	2554 MESA VERDE DR.
CITY-ST-ZIP	BEVERLY HILLS FL 34465

TITLE	DST <input type="checkbox"/> DELETE
NAME	SMITH, YVONNE
STREET ADDRESS	8984 W. RIVERGLEN CT.
CITY-ST-ZIP	HOMOSASSA FL 34448

TITLE	DST <input type="checkbox"/> DELETE
NAME	GRIFFIN, FR. RUSSELL A
STREET ADDRESS	7208 W MILWE LN
CITY-ST-ZIP	CRYSTAL RIVER FL 34429

TITLE	MD <input type="checkbox"/> DELETE
NAME	JOHNS, LORA
STREET ADDRESS	61 CYPRESS BLVD W
CITY-ST-ZIP	HOMOSASSA FL 31446

TITLE	D <input type="checkbox"/> DELETE
NAME	STATON, LAURI
STREET ADDRESS	11864 N KENLAKE CIR.
CITY-ST-ZIP	CITRUS SPRINGS FL 34434

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COHEN, ROBERT
1.3 STREET ADDRESS	833 SPEND-A-BUCK DR. N.
1.4 CITY-ST-ZIP	HERNANDO, FL 34442

2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	OTTO, PATRICIA
6.3 STREET ADDRESS	8243 EDGEHILL CT.
6.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429

14. 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 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]* 1/22/98 352-495-5044

CR2E037 (10/97)