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NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90127 036 ****70.00

DOCUMENT # N39601

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

JOHNS, LORA G.
61 W CYPRESS BLVD.
HOMOSASSA FL 34446

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE DT
NAME COHEN, ROBERT
STREET ADDRESS 833 SPEND A BUCK DR N
CITY-ST-ZIP HERNANDO FL 34442

TITLE D
NAME SMITH, YVONNE
STREET ADDRESS 8984 W. RIVERGLEN CT.
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE M
NAME JOHNS, LORA
STREET ADDRESS 61 CYPRESS BLVD W
CITY-ST-ZIP HOMOSASSA FL 31446

TITLE DV
NAME STATON, LAURI
STREET ADDRESS 11664 N KENLAKE CIR.
CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE DS
NAME OTTO, PATRICIA
STREET ADDRESS 8243 EDGEHILL CT
CITY-ST-ZIP CRYSTAL RIVER FL 34429

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

JACKSON, DAMA
345 E KINGSBAY DR. APT. #9
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, with all other like empowered.

SIGNATURE: *Lora G. Johns* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (352)795-5004

Date

Daytime Phone #

CR2E037 (11/98)