2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90178 025 ****61.25

DOCUMENT # N41563

1. Entity Name

A COMMUNITY PREGNANCY CENTER, INC.

Principal Place of Business	Mailing Address
235 E. CENTRAL AVE. WINTER HAVEN FL 33880	PO BOX 2336 WINTER HAVEN FL 33883

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2950617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~WYNNE, MARY~~
~~2011 BRENTWOOD DR~~
~~AUBURNDALE FL 33823~~

7. Name and Address of New Registered Agent

Name Dr. Peter Verrill

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

305 Hamilton Shore Dr. NE

City Winter Haven FL Zip Code 33881

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4-3-06.
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELLS, PAUL D. 2412 BERKSHIRE DR. WINTER HAVEN F.	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC Bronson, George 500 Ave L NW #1601 Winter Haven FL 33881
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ D FORMAN, LORRAINE 3826 GAINES CT WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dr. James Estes 971 La Quinta Blvd Winter Haven FL 33884
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ C VERRILL, PETER MD 305 HAMILTON SHORE DR E WINTER HAVEN FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Shirley Healy 1814 5th Stt. SE Winter Haven FL 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MANCINI, ANTHONY MD 1111 INTERLOCKEN BLVD WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Laurie King 204 College Gr Circle NE Winter Haven FL 33881
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VC~~ D WYNNE, MARY ~~2011 BRENTWOOD DR~~ ~~AUBURNDALE FL~~	☐ Delete 9119 Pemberton St. Spring Hill FL 34608	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bob Konger 8 Bridgewater Dr. Winter Haven FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AVILES, RAY 1436 DREXEL AVE NE WINTER HAVEN FL 33881	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dr. Tony Mancini 1450 E. Central Ave. Winter Haven FL 33880

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-3-06.

ATTACHMENT

400666002
#N41563

Block 11

Change:
D Wynne, Mary
9119 Pemberton St.
Spring Hill FL 34608

C Verrill, Dr. Peter
305 Hamilton Shore Dr NE
Winter Haven FL 33881

D Forman, Lorraine
3826 Gaines Ct
Winter Haven FL 33884

Additions:
D Mulling, Sharon
PO Box 308
Auburndale FL 33823

D Powell, Alice
3010 Spirit Lake Drive
Winter Haven FL 33880

D Rooney, Linda
7 Cypress Cove Rd
Winter Haven FL 33884

T Spanjers, Craig
PO Box 7481
Winter Haven FL 33883