

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90035 031 ****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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

VERRILL, PETER DR
305 HAMILTON SHORE DR NE
WINTER HAVEN FL 33881

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 VC ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
BRONSON, GEORGE
500 AVE L NW # 1601
WINTER HAVEN FL 33881

T ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
Spanjers, Craig
PO BOX 7481 WINTER HAVEN FL 33883

TITLE
NAME ☒ D ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
FORMAN, LORRAINE
3826 GAINES CT
WINTER HAVEN FL 33884

S ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
King, Laurie
204 COLLEGE GR CIR NE WINTER HAVEN FL 33881

TITLE
NAME ☒ C ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
VERRILL, PETER MD
305 HAMILTON SHORE DR E
WINTER HAVEN FL 33881

D ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
Konger, Bob
8 Bridgewater Dr.
Winter Haven, FL 33880

TITLE
NAME MD ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
MANCINI, ANTHONY MD
1111 INTERLOCKEN BLVD
WINTER HAVEN FL 33884

D ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
Rooney, Linda
7 Cypress Cove Rd
Winter Haven FL 33884

TITLE
NAME D ☐ Delete
STREET ADDRESS
CITY - ST - ZIP
WYNNE, MARY
9119 PEMBERTON ST
SPRING HILL FL 34608

D ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
Mulling, Sharon
PO BOX 308
AUBURNDAL FL 33823

TITLE
NAME D ☒ Delete
STREET ADDRESS
CITY - ST - ZIP
MANCINI, TONY RD
450 EAST CENTRAL AVE
WINTER HAVEN FL 33880

D ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
ESTES, JAMES
971 LaQUINTA BLVD
WINTER HAVEN FL 33884

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-07 863-283-3220