

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41563

FILED
Apr 01, 2009
Secretary of State

Entity Name: A COMMUNITY PREGNANCY CENTER, INC.

Current Principal Place of Business:

235 E. CENTRAL AVE.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

PO BOX 2336
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 59-2950617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BURKETT, KATHY
Address: 1110 MEADOW LARK LN
City-St-Zip: WINTER HAVEN, FL 33884

Title: ED () Delete
Name: HEALY, SHIRLEY
Address: 1814 5TH STREET SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: S () Delete
Name: KING, LAURIE
Address: 204 COLLEGE DR NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: MD () Delete
Name: KONGER, ROBERT
Address: 8 BRIDGEWATER DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VC () Delete
Name: SAVART, GIGI
Address: 52 INTERLOCHEN BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DEES, MARK
Address: 819 CARLTON COURT
City-St-Zip: WINTER HAVEN, FL 33884

Title: ED (X) Change () Addition
Name: HEALY, SHIRLEY A
Address: 1814 5TH STREET SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: S (X) Change () Addition
Name: WINFREE, JONATHAN
Address: 1604 17TH TERRACE NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: MD (X) Change () Addition
Name: JAIN, MANUEL DR
Address: 1488 LAKE MIRROR DR NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SPANJERS, GLORIA
Address: 2150 CRUMP ROAD
City-St-Zip: WINTER HAVEN, FL 33881 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY A. HEALY

ED

04/01/2009

Electronic Signature of Signing Officer or Director

Date