

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47015

FILED
Jan 08, 2007
Secretary of State

Entity Name: PREGNANCY CARE CENTER OF PLANT CITY, INC.

Current Principal Place of Business:

304 NORTH COLLINS STREET
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

PO BOX 2552
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 59-3139161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANGER, DOUGLAS A
304 N. COLLINS STREET
PLANT CITY, FL 33563 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: P () Delete
Name: JONES, LANE
Address: 7218 CENTERBROOK DR
City-St-Zip: LAKELAND, FL 33809

Title: S () Delete
Name: SALMON, DONNA
Address: 3506 AUSTIN TRAIL LANE
City-St-Zip: PLANT CITY, FL 33565

Title: VD () Delete
Name: VINSON, PHIL
Address: 4019 MOORES LAKE RD
City-St-Zip: DOVER, FL 33527

Title: TD () Delete
Name: GRANGER, DOUGLAS A CPA
Address: 201 DORT STREET, STE. A
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: FISHER, TERRI
Address: 14401 WALDEN SHEFFIELD
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: BENDER, BILL REV
Address: 6104 BARTON ROAD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRANGER, DOUGLAS A
Address: 3707 HEATHCOE ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: S (X) Change () Addition
Name: JONES, LANE
Address: P.O. BOX 407
City-St-Zip: LAKELAND, FL 33802 04

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

Title: TD (X) Change () Addition
Name: SHORT, ROBERT CPA
Address: 2320 N. WALDEN PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: D (X) Change () Addition
Name: MCCLURE, PATRICIA A
Address: 2618 DURANT OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS A. GRANGER

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date