

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47015

FILED
Jun 17, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDRICKS, MARY ALICE
304 N. COLLINS STREET
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

DAVIS, DARLENE K EXEC. D
304 N. COLLINS STREET
PLANT CITY, FL 33563 US

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: DARELNE K. DAVIS

06/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MALLARE-PIKE, TINA
Address: 2604 CLUBHOUSE DR.
City-St-Zip: PLANT CITY, FL 33566

Title: SD () Delete
Name: BENDER, BILL
Address: 6104 BARTON RD.
City-St-Zip: PLANT CITY, FL 33565

Title: TD () Delete
Name: BARR, BILL
Address: 609 N. EVERS STREET
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: LONG, CAROLYN
Address: 6604 STAFFORD TERRACE AVE.
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: DRISKELL, VICTOR
Address: 2902 JAMES MELVIN
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: DIGERONIMO, THOMAS MD
Address: 3302 W. BAKER ST.
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MALLARE-PIKE, TINA
Address: 2604 CLUBHOUSE DR.
City-St-Zip: PLANT CITY, FL 33566

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

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

Title: VD (X) Change () Addition
Name: LONG, CAROLYN
Address: 6604 STAFFORD TERRACE AVE.
City-St-Zip: PLANT CITY, FL 33565

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

Title: D (X) Change () Addition
Name: EDMONDSON, CHUCK PASTOR
Address: 3106 WIGGINS RD
City-St-Zip: PLANT CITY, FL 33566

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: DARLENE K DAVIS

DIR

06/17/2009

Electronic Signature of Signing Officer or Director

Date