# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 13, 2003 8:00 am**
**Secretary of State**
01-13-2003 90462 042 ****70.00

DOCUMENT # N47015

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

| Principal Place of Business | Mailing Address |
|---|---|
| 304 NORTH COLLINS STREET<br>PLANT CITY FL 33566 | 304 NORTH COLLINS STREET<br>PLANT CITY FL 33566 |

☑ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | PO Box 2552<br>Suite, Apt. #, etc. |
| City & State | City & State |
| Zip 33563 Country | Zip 33564 Country |

4. FEI Number 59-3139161 ☐ 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 |
|---|---|
| MORRIS, STEPHEN T<br>503 N. PALMER STREET<br>PLANT CITY FL 33566 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 reinstating) DATE

**FILE NOW: FEE IS $61.25**

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 | PD<br>MILLER, MAXIE<br>1301 E. TIMBERLANE DR<br>PLANT CITY FL 33567 | ☐ Delete | PD<br>Vinson, Phil<br>4019 Moores Lake Rd.<br>Dover, FL 33527 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SCHRYVER, BECKY<br>3610 BRUTON RD<br>PLANT CITY FL 33565 | ☐ Delete | D<br>Miller, Maxie<br>1301 E. Timberlane Dr.<br>Plant City, FL 33563 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MALLARE-PIKE, TINA<br>2604 CLUBHOUSE DR.<br>PLANT CITY FL 33567 | ☐ Delete | D<br>Mallare-Pike, Tina<br>2604 Clubhouse DR<br>Plant City, FL 33566 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GRANGER, DOUGLAS W<br>201 DORT STREET, STE. A<br>PLANT CITY FL 33566 | ☐ Delete | TD<br>Granger, Douglas W<br>201 Dort ST, STE A<br>Plant City, FL 33563 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MORRIS, STEVE<br>3358 SILVER MOON DR.<br>PLANT CITY FL 33567 | ☐ Delete | D<br>Morris, Steve<br>3358 Silver moon DR<br>Plant City, FL 33566 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>COLEMAN, JOHN<br>817 RUSSELL DR.<br>PLANT CITY FL 33566 | ☑ Delete | VD<br>Gilmartin, Vincent<br>4712 Westwind DR<br>Plant City, FL 33567 | ☐ Change ☑ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Steve Morris SIGNATURE REQUIRED Steve Morris 1/8/3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

ATTACHMENT #
N47015

Additions to Board of Directors List

80000216

D
Howe, Beth
4545 Garland Branch RD
Dover, FL 33527

D
Jones, Lane
PO Box 32021
Lakeland, FL 33802

D
Sanders, Cheryl
6319A N Five Acre RD
Plant City, FL 33565