# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:44

DOCUMENT # **N47575** **(8)**

1. Corporate Name

**CENTRAL FLORIDA PREGNANCY CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 840-F1 DELTONA BLVD<br>DELTONA FL 32725 | P.O BOX 5343<br>DELTONA FL 32728-5243 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1992
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3111579 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

**9. Name and Address of Current Registered Agent**

**MEE, MARIE A**
**1621 N NORMANDY BLVD**
**DELTONA FL 32725**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (New Registered Agent signature required by law) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | RYAN, CATHERINE J | 12 NAME | |
| STREET ADDRESS | 2360 DUMAS DRIVE | 13 STREET ADDRESS | |
| CITY ST ZIP | DELTONA FL | 14 CITY ST ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MEE, MARIE A | 22 NAME | |
| STREET ADDRESS | 1621 N NORMANDY BLVD | 23 STREET ADDRESS | |
| CITY ST ZIP | DELTONA FL | 24 CITY ST ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MIRINO, MARY LOU | 32 NAME | |
| STREET ADDRESS | 1531 WEST TALTAN AVENUE | 33 STREET ADDRESS | |
| CITY ST ZIP | DELAND FL | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Catherine J Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR

5-15-1995
Date

407 860-1861
Daytime Phone #

003143Y