

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90462 020 ****70.00

DOCUMENT # *N47575*

1. Entity Name

*CENTRAL FLORIDA PREGNANCY CENTER
INC.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

840 Deltona Blvd.

3. Mailing Address

P.O. Box 5343

Suite, Apt. #, etc.

Suite F-1

Suite, Apt. #, etc.

City & State

Deltona, FL.

City & State

Deltona, FL.

Zip

32725

Country

USA

Zip

32728

Country

USA

4. FEI Number

59-3111579

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jessica C. Errico

Street Address (P.O. Box Number is Not Acceptable)

539 Baldwin Ct.

City

Deltona

FL

Zip Code

32725

**DO NOT WRITE
IN THIS SPACE**

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

Jessica C. Errico

Jessica Errico, Executive Director

3/12/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	Jessica C. Errico	539 Baldwin Ct.	Deltona, FL. 32725
DIC	Robert Myers	150 Catalina Dr.	DeBary, FL. 32713
D/V	Frederick Weigand	2670 Doyle Rd.	Deltona, FL. 32738
D/T	Gisele Marchant	1709 Twin Oak St.	Deltona, FL. 32725
D/S	Cherise Edwards	68 Lantana Ct.	DeBary, FL. 32713

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jessica Errico*

Jessica Errico

3/12/03 (386) 860-1861