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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:29

DOCUMENT # N93000001924 (0)

1. Corporation Name

BRANDON CRISIS PREGNANCY CENTER, INC.

DO NOT WRITE IN THIS SPACE

| | |
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| Principal Place of Business 122 NORTH MOON AVENUE BRANDON FL 33510 | Mailing Address 122 NORTH MOON AVENUE BRANDON FL 33510 |
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|--|--|
| 3. Date Incorporated or Qualified 05/03/1993 | 3a. Date of Last Report 03/02/1994 |
| 4. FEI Number 59-3229330 APPLIED FOR | Applied For <input type="checkbox"/> Not Applicable |

| | | |
|---|----------------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required |
| Zip 24 | Country 29 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| PEAVYHOUSE, RUSSELL K 10002 PRINCESS PALM AVENUE SUITE 228 TAMPA FL 33619 | | 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when recording) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE D | CAMERON, DAVID | 11 TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4811 RIDGECLIFF DRIVE | 12 NAME John Peter | |
| STREET ADDRESS | BRANDON FL | 13 STREET ADDRESS 2604 G Tampa East Blvd | |
| CITY - ST - ZIP | | 14 CITY - ST - ZIP Tampa, FL 33619 | |
| TITLE D | CLEVELAND, MELANIE | 21 TITLE VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 258 VAN GOGH CIR | 22 NAME David Cameron | |
| STREET ADDRESS | BRANDON FL | 23 STREET ADDRESS 4611 Ridgecliff Dr | |
| CITY - ST - ZIP | | 24 CITY - ST - ZIP Brandon, FL 33511 | |
| TITLE D | HOUGH, JERRY | 31 TITLE T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 203 LOCUST DR. | 32 NAME Allan Andreasen | |
| STREET ADDRESS | BRANDON FL | 33 STREET ADDRESS 1101 Glen Park Lane | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP Valrico, FL 33594 | |
| TITLE D | MCCANLESS, JON | 41 TITLE S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 802 TOMAHAWK TRAIL | 42 NAME Woody Hubbard | |
| STREET ADDRESS | BRANDON FL | 43 STREET ADDRESS 530 Sportsman Park Dr | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP Seffner, FL 33584 | |
| TITLE D | PEACYHOUSE, RUSS | 51 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 10002 PRINCESS PALM AVE #228 | 52 NAME Cookie Gray | |
| STREET ADDRESS | TAMPA FL | 53 STREET ADDRESS 3101 Creekdale Ct | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP Brandon, FL 33511 | |
| TITLE D | RASMUSSEN, DON | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2501 LITHA PINECREST | 62 NAME | |
| STREET ADDRESS | VALRICO FL | 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 110.07(3)(b), 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: *Cookie Gray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cookie Gray, Director
 14 Feb 95 813-654-0491
Date Signature
 6013772