

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N93000001924 (0)**  
1. Corporation Name

**BRANDON CRISIS PREGNANCY CENTER, INC.**



Principal Place of Business Mailing Address  
**122 NORTH MOON AVENUE BRANDON FL 33510**

3. Date Incorporated or Qualified **05/03/1993** 3a. Date of Last Report **02/23/1995**  
4. FEI Number **59-3229320** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**PEAVYHOUSE, RUSSELL K  
10002 PRINCESS PALM AVENUE  
SUITE 228  
TAMPA FL 33619**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PETER, JOHN</b>	
STREET ADDRESS	<b>2604 G TAMPA EAST BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMERON, DAVID</b>	
STREET ADDRESS	<b>4611 RIDGECLIFF DR</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDREASEN, ALLAN</b>	
STREET ADDRESS	<b>1101 GLEN PARK LANE</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUBBARD, WOODY</b>	
STREET ADDRESS	<b>530 SPORTSMAN PARK DR</b>	
CITY-ST-ZIP	<b>SEFFNER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAY, COOKIE</b>	
STREET ADDRESS	<b>3101 CREEKDALE CT</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RASMUSSEN, DON</b>	
STREET ADDRESS	<b>2501 LITHIA PINECREST</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>Karen Brooks</b>	
13. STREET ADDRESS	<b>608 King Louis</b>	
14. CITY-ST-ZIP	<b>Seffner, FL 33584</b>	
21. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	<b>Charlene Hubbard</b>	
23. STREET ADDRESS	<b>530 Sportsman Park Dr</b>	
24. CITY-ST-ZIP	<b>Seffner, FL 33584</b>	
31. TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	<b>Wagner, Teresa</b>	
33. STREET ADDRESS	<b>2003 Jerri Lynn Ct</b>	
34. CITY-ST-ZIP	<b>Plant City, FL 33567</b>	
41. TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	<b>Garlington, Bill</b>	
43. STREET ADDRESS	<b>2206 Eagle Bluff Dr.</b>	
44. CITY-ST-ZIP	<b>Valrico, FL 33594</b>	
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS	<b>900001746759</b>	
54. CITY-ST-ZIP	<b>-03/18/96--01045--021</b>	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS	<b>***61.25</b>	
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)(k), 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: Teresa C. Wagner 17 Jan 96 813-654-0491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

P S 3/18/96