

FILE NOW: FILING FEE IS \$61.25

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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001924 (0)
1. Corporation Name
BRANDON CRISIS PREGNANCY CENTER, INC.



Principal Place of Business 122 NORTH MOON AVENUE BRANDON FL 33510	Mailing Address 122 NORTH MOON AVENUE BRANDON FL 33510-4420
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3. Date Incorporated or Qualified 05/03/1993		3a. Date of Last Report 03/18/1996	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3229320	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P PETER, JOHN	1.2 NAME	Treasurer Teresa Wagner
STREET ADDRESS	2604 G TAMPA EAST BLVD	1.3 STREET ADDRESS	2003 Jerri Lynn Ct
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	Plant City, FL 33567
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP CAMERON, DAVID	2.2 NAME	
STREET ADDRESS	4611 RIDGECLIFF DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BROOKS, KAREN	3.2 NAME	
STREET ADDRESS	608 KING LOUIS	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEFFNER FL 33584	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HUBBARD, CHARLENE	4.2 NAME	
STREET ADDRESS	530 SPORTSMAN PARK DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEFFNER FL 33584	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GRAY, COOKIE	5.2 NAME	
STREET ADDRESS	3101 CREEKDALE CT	5.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	5.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GARLINGTON, BILL	6.2 NAME	
STREET ADDRESS	2206 EAGLE BLUFF DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL 33594	6.4 CITY - ST - ZIP	

14. I do 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 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 Wagner 25 Mar 97 813-654-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045396

CR2E037 (9/96)