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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001924

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
05/03/1993

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE
NAME PETER, JOHN
STREET ADDRESS 2604 G TAMPA EAST BLVD
CITY-ST-ZIP TAMPA FL

TITLE VP DELETE
NAME CAMERON, DAVID
STREET ADDRESS 4611 RIDGECLEFF DR
CITY-ST-ZIP BRANDON FL

TITLE D DELETE
NAME BROOKS, KAREN
STREET ADDRESS 608 KING LOUIS
CITY-ST-ZIP SEFFNER FL 33584

TITLE T DELETE
NAME HUBBARD, CHARLENE
STREET ADDRESS 530 SPORTSMAN PARK DR
CITY-ST-ZIP SEFFNER FL 33584

TITLE D DELETE
NAME GRAY, COOKIE
STREET ADDRESS 3101 CREEKDALE CT
CITY-ST-ZIP BRANDON FL

TITLE T DELETE
NAME WAGNER, TERESA
STREET ADDRESS 2003 JERRILYNN CT
CITY-ST-ZIP PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C Change Addition
1.2 NAME Peter, John
1.3 STREET ADDRESS 2604 G Tampa East Blvd
1.4 CITY-ST-ZIP Tampa, FL

2.1 TITLE P Change Addition
2.2 NAME Bishop, David
2.3 STREET ADDRESS 1425 Clarion Dr.
2.4 CITY-ST-ZIP Valrico, FL

3.1 TITLE S Change Addition
3.2 NAME Bishop, Kathy
3.3 STREET ADDRESS 1425 Clarion Dr
3.4 CITY-ST-ZIP Valrico, FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Feb 99 813-654-0491
Date Daytime Phone #

CR2E037 (1/198)