


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-12-2004 90665 006 ***150.00

DOCUMENT # N93000001924
 1. Entity Name
BRANDON CRISIS PREGNANCY CENTER, INC.




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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

66414468



MOORE CR2E037 (11/03)

4. FEI Number **59-3229320** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PEAVYHOUSE, RUSSELL K
18992 PRINCESS PALM AVENUE
SUITE 228
TAMPA FL 33619

101 E. Baker ST
 Suite 201
 Plant City, FL 33563

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 VP	VP <input checked="" type="checkbox"/> Delete
NAME DEGORT, DONALD	
STREET ADDRESS 3002 STARMOUNT DR.	
CITY-ST-ZIP VALRICO FL 33594	
TITLE D	D <input type="checkbox"/> Delete
NAME COTTRELL, PEGGY	
STREET ADDRESS 1104 WESTBURY POINT DR. #103	
CITY-ST-ZIP BRANDON FL 33511	
TITLE T	T <input type="checkbox"/> Delete
NAME BOSTON, SANDRA	
STREET ADDRESS 2560 WRENCREST CR	
CITY-ST-ZIP VALRICO FL 33594	
TITLE D	D <input type="checkbox"/> Delete
NAME GRAY, COOKIE	
STREET ADDRESS 3101 CREEKDALE CT	
CITY-ST-ZIP BRANDON FL	
TITLE Delete	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Delete	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCOTT Cottrell	
STREET ADDRESS 6250 Holmes Blvd #40	
CITY-ST-ZIP Holmes Beach, FL 33427	
TITLE Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Boston, Treasurer* 4/21/04 813-654-0491
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #