


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90030 020 ****61.25

| | | | | | |
|--|------------------------------|--|---|--|--|
| DOCUMENT # N93000001924 | | | |  | |
| 1. Entity 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3229320 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PEAVYHOUSE, RUSSELL K 1001 E. BAKER ST., STE 201 PLANT CITY, FL 33563 | | | 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 _____ | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COTTRASL, SCOTT | | NAME | LARRY BOSTON | |
| STREET ADDRESS | 6250 HOLMES BLVD. #40 | | STREET ADDRESS | 3010 Colonial Ridge Dr | |
| CITY-ST-ZIP | HOLMES BEACH, FL 34217 | | CITY-ST-ZIP | BRANDON, FL 33511 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COTTRELL, PEGGY | | NAME | LARRY Underwood | |
| STREET ADDRESS | 1104 WESTBURY POINT DR. #103 | | STREET ADDRESS | 3433 Lithia Pinecrest Rd #312 | |
| CITY-ST-ZIP | BRANDON, FL 33511 | | CITY-ST-ZIP | VALRICO, FL 33594-6302 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOSTON, SANDRA | | NAME | | |
| STREET ADDRESS | 25600 WRENCREST CR | | STREET ADDRESS | 3010 Colonial Ridge Dr | |
| CITY-ST-ZIP | VALRICO, FL 33594 | | CITY-ST-ZIP | BRANDON, FL 33511 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAY, COOKIE | | NAME | | |
| STREET ADDRESS | 3101 CREEKDALE CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRANDON, FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Larry Boston</i> | | LARRY BOSTON PRESIDENT | | 7/17/06 813-654-0491 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

40100507



07132006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-3229320 Applied For Not Applicable

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

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

Filing Fee is \$61.25 Due by September 6, 2006
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make check payable to Florida Department of State

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Larry Boston* LARRY BOSTON PRESIDENT 7/17/06 813-654-0491
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #