


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90003 049 ****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
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40026252



DO NOT WRITE IN THIS SPACE

02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3229320	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEAVYHOUSE, RUSSELL K
1001 E. BAKER ST., STE 201
PLANT CITY, FL 33563

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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 May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSTON, LARRY 3010 COLONIAL RIDGE DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNDERWOOD, LARRY 3433 LITHIA PINECREST RD SUITE 312 VALRICO, FL 335946302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOSTON, SANDRA 3010 COLONIAL RIDGE DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, COOKIE 3101 CREEKDALE CT BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Cookie Gray Cookie Gray 2/20/07 813-654-0991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #