

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001924

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: BRANDON CRISIS PREGNANCY CENTER, INC.

**Current Principal Place of Business:**

122 NORTH MOON AVENUE  
BRANDON, FL 33510

**New Principal Place of Business:**

**Current Mailing Address:**

122 NORTH MOON AVENUE  
BRANDON, FL 33510

**New Mailing Address:**

FEI Number: 59-3229320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

LEHMAN, MIKE  
10150 HIGHLAND MANOR DR., #200  
TAMPA, FL 33610 US

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.

SIGNATURE: MIKE LEHMAN

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: UNDERWOOD, LARRY  
Address: 3433 LITHIA PINECREST RD SUITE 312  
City-St-Zip: VALRICO, FL 335946302

Title: T ( ) Delete  
Name: BOSTON, SANDRA  
Address: 3010 COLONIAL RIDGE DR  
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete  
Name: GRAY, COOKIE  
Address: 3101 CREEKDALE CT  
City-St-Zip: BRANDON, FL

Title: S ( ) Delete  
Name: KIMPLE, TERRY  
Address: 2312 CHERRY RIDGE LANE  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JAEGER, ROY  
Address: 2825 FAIRWAY VIEW DR.  
City-St-Zip: VALRICO, FL 33594

Title: T (X) Change ( ) Addition  
Name: LEHMAN, MIKE  
Address: 10150 HIGHLAND MANOR DR., #200  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY JAEGER

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date