

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001924

FILED  
Feb 22, 2010  
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:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D  
Name: BROOKS, KAREN  
Address: 9319 STONE RIVER PLACE  
City-St-Zip: RIVERVIEW, FL 33578

Title: O  
Name: BOYER, MARK  
Address: 403 SCRUB OAK COURT  
City-St-Zip: SEFFNER, FL 33584

I hereby 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 all other like empowered.

SIGNATURE: KAREN BROOKS

D

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date