2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90489 002 ****61.25

DOCUMENT # N93000001924

1. Entity Name
BRANDON CRISIS PREGNANCY CENTER, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
PEAVYHOUSE, RUSSELL K 10002 PRINCESS PALM AVENUE SUITE 228 TAMPA FL 33619	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DECORT, DONALD	NAME	
STREET ADDRESS	3002 STARMOUNT DR.	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COTTRELL, PEGGY	NAME	
STREET ADDRESS	1104 WESTBURY POINT DR. #103	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOSTON, SANDRA	NAME	
STREET ADDRESS	25600 WRENCREST CR	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GRAY, COOKIE	NAME	
STREET ADDRESS	3101 CREEKDALE CT	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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: SIGNATURE REQUIRED 2/26/03 813-654-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)