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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

N93000003920 (6)

## BEACHES CRISIS PREGNANCY CENTER, INC.

Principal Place	of Business	Mailing Address						FRIER HILL IEH	8 118H 88H 1881
414 THIRD AV	/Enue North E Beach FL 32250	P. O. BOX 51392 JACKSONVILLE E	P. O. BOX 51392 JACKSONVILLE BEACH FL 32240-1392						
		US				3. Date incorporated or Qualifie 08/30/1993	d 3a. [	oate of Last 02/07/1	
Principal Place of Business		→ "	2a. Mailing Address			4. FEI Number 59-3203666			Applied For Not Applicable
Suite Apt. #	, etc	Suite, Apt. #, e	tc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & State				6. Election Campaign Financing			<b>О</b> Мау Ве
23		28				Trust Fund Contribution			to Fees
Zιρ	Country	Zip	Cour	itry		8. This corporation has liability f	or intangible Yes		199.032,
24	9. Name and Address of Curre	29 ent Registered Agent	30			Florida Statutes  10. Name and Address of New			
	<u> </u>			81	Name				
AGNOR.	PAMELA H			82	Creaming first to	(D.O. Roy Number is Not Assess	tubloi	·····	
AGNOR, PAMELA H 14317 CORAL REEF DR., SO.				•-	Suec. Acum	et Artifrens (P.O. Box Number is Not Acceptable)			
JACKSO	NVILLE FL 32224			83					
			-	84	City		FI	85 Zış	Code
11. Pursuant to	o the provisions of Sections 617.05	02 and 617.1508, Florida 8	Statutes, the above	L ∕e∙na	med corpor	ration submits this statement for the			egistered offic
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, So	orida. Such change was au ection 617.0503. Florida St	ithorized by the c atutes.	orpor	ration's boar	rd of directors. I hereby accept the a	ppointment a	s registered	agent. I am
	.,								
DICHIATUDE									
SIGNATURE	Signature: typical or printed name of registered ag-		(NOTs Registered	Agerat s	signature require		DATE		
SIGNATURE	OFFICERS A	ND DIRECTORS	13.		signature require:	d when reinstating) ADDITIONS OF LANGES TO C			
SIGNATURE 12.	OFFICERS A		13. E 11 TH	LE	Signature requires			DIRECTO	FISHN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

1/30/96

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