

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003920 (6)

1. Corporation Name

BEACHES CRISIS PREGNANCY CENTER, INC.



Principal Place of Business

414 THIRD AVENUE NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address

P. O. BOX 51392
JACKSONVILLE BEACH FL 32240-1392
US

3. Date Incorporated or Qualified
08/30/1993

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

AGNOR, PAMELA H
14317 CORAL REEF DR., SO.
JACKSONVILLE FL 32224

4. FEI Number
59-3203666

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(Title: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME AGNOR, PAMELA H
STREET ADDRESS 14317 CORAL REEF DRIVE SOUTH
CITY-STATE-ZIP JACKSONVILLE FL 32224

TITLE D ☐ DELETE
NAME AGNOR, MICHAEL L
STREET ADDRESS 14317 CORAL REEF DRIVE SOUTH
CITY-STATE-ZIP JACKSONVILLE FL 32224

TITLE D ☐ DELETE
NAME BAYLIS, ROBERT O
STREET ADDRESS 122 14TH AVE. N.
CITY-STATE-ZIP JACKSONVILLE FL 32250

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE Same ☒ Change ☐ Addition
32 NAME Same
33 STREET ADDRESS 1120 N. 17th St.
34 CITY-STATE-ZIP Jacksonville Beach, FL 32250

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pamela H. Agnor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96
Date

904
285-5999
Daytime Phone #

CR2E037 (12/95)