## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



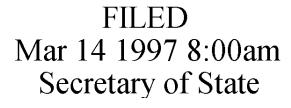
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # N93000003920 (6)

## BEACHES CRISIS PREGNANCY CENTER, INC.





Principal Place of Business 414 THIRD AVENUE NORTH JACKSONVILLE BEACH FL 32250		Mailing Addres	Mailing Address P. O. BOX 51392 JACKSONVILLE BEACH FL 32240-1392				I CODINION DIR NOTES WIRL DONN SOME SOME SPINO WAS INTO PERIOD AND				
		US				3. 1	Date Incorporated or Qua	alified 3a.	Date of Last F 02/07/199	Report <b>36</b>	
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address				4. FEI Number		A	pphed For	
21		26	26				EO_22022EEE			ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				0	red 🗆	\$8.75	Additional	
22		27				5. (	Certificate of Status Desir	rea 🗀	Fee R	beriupe	
City & State	9	City & State	City & State			6. 6	Election Campaign Finan	cing	\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zφ	<u></u>	Country	•	8. 1	This corporation has liabi		bl <u>e t</u> ax under s	. 199.032,	
24	25 29		30	30			Florida Statutes Yes X No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	ent Registered Agent	<u></u>		L v.		Name and Address of N	lew Registere	d Agent		
				81	Name						
	PAMELA H		82 Street Ad			Address (P.	ddress (P.O. Box Number is Not Acceptable)				
	Dral Reef Dr., So.										
JACKSON	VMLLE FL 32224			83							
				84	City				. 85 Zip	Code	
					,			F	L		
11. Pursuant	to the provisions of Sections 617.05	i02 and 617,1508, Flo	rida Statutes, t	he above	e-named	corporation	submits this statement for	or the purpose	of changing i	ts registered	
agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	gations of, Section 61	7.0503, Florida	Statute:	7 tile COI	poration s be	Data of directors. Thereby	y accept the a	ppointment as	registered	
SIGNATURE _											
Oldifficial .	Signature, typed or printed name of registered a	·	(NOTE Reg	gistered Age	nt signature	e required when r	**	DATE			
12.		ND DIRECTORS	5.51.5 <del>1.</del>	13.		A1	DDITIONS/CHANGES TO	OFFICERS A			
TITLE	D	Ц	DELETE	1 1 THILE		-			☐ Change	Addition	
NAME	AGNOR, PAMELA H			1.2 NAME							
STREET ADDRESS	14317 CORAL REEF DRIVE S	SOUTH		13 STREET	ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32224			14 CITY - S	1 - ZIP	L					
TITLE	D		DELETE	2 1 111LE					☐ Change	☐ Addition	
NAME	agnor, Michael L			22 NAME							
STREET ADDRESS	14317 CORAL REEF DRIVE S	SOUTH		23 STREET	ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32224			2 4 CITY-	ST-ZIP	<u> </u>					
TITLE	D		DELETE	3 1 TITLE		0	م ما <i>د</i> ا د		Change	Addition	
NAME	BAYLIS, ROBERT O			32 NAME		Boulis,	Kobert				
STREET ADDRESS	1120 N 17TH STREET		1	3.3 STREET	ADDRESS	103 C	Itrus Lane				
CITY-ST-ZIP	JACKSONVILLE BEACH FL		1	3.4. CfTY-5	ST - ZIP	Ponte	, Robert O itrus Lane Vedra, FL	. 320	282		
TITLE			DELETE	4.1 TITLE					Change	Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET	ADDRESS						
CITY-ST-ZIP				4.4 CrTY - S	1 - ZIP						
TITLE			DELETE	5.1 TITLE					Change	Addition	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-ZIP				5.4 CITY - S							
TITLE			DELETE	6.1 TITLE					☐ Change	Addition	
NAME		<del></del>		6.2 NAME					• • •		
STREET ADDRESS			I	6.3 STREET	ADDRESS						
CITY-ST-ZIP			•	6.4 CITY - S							
	by certify that the information suppli	ed with this filling does	s not qualify for			stated in Sec	tion 119 07(3)(i) Florida	Statutes I furt	her certify that	the	

recombined the information supplied with this little described the same legal effect as if made under oath; 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 Statules; and that my name appears in Block 12 or Block 13 or on an attachment with an address.