

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003920

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3203666

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AGNOR, PAMELA H  
2763 BORDEAUX CT  
PONTE VEDRA BCH FL 32082

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.

SIGNATURE

*Pam Agnor*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME AGNOR, PAMELA H  
STREET ADDRESS 2763 BORDEAUX CT  
CITY-ST-ZIP PONTE VEDRA BCH F 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DST ☐ Delete  
NAME AGNOR, MICHAEL L  
STREET ADDRESS 2763 BORDEAUX CT  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME BAYLIS, ROBERT O  
STREET ADDRESS 103 CITRUS LANE  
CITY-ST-ZIP PONTE VERDA FL 32082

TITLE ☒ Change ☐ Addition  
NAME Same  
STREET ADDRESS 2656 L'atrim Circle South  
CITY-ST-ZIP Ponte Vedra, Fl 32082

TITLE P ☐ Delete  
NAME WORKMAN, LESLIE  
STREET ADDRESS 100 N. ROSCOE BLVD.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Pam Agnor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

904-270-0076

904-477-5958

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE