

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003920

1. Entity Name

BEACHES CRISIS PREGNANCY CENTER, INC.

FILED

May 21, 2002 8:00 am
Secretary of State

05-21-2002 91223 036 ****61.25

Principal Place of Business

Mailing Address

414 THIRD AVENUE NORTH
JACKSONVILLE BEACH FL 32250

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

Zip

Country

Zip

Country

4. FEI Number

59-3203666

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

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS BAYLIS, ROBERT O
CITY-ST-ZIP 2656 L'ATRIUM CIRCLE SOUTH
PONTE VERDA FL 32082

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

TITLE ☐ Delete
NAME P
STREET ADDRESS WORKMAN, LESLIE
CITY-ST-ZIP 100 N. ROSCOE BLVD.
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:

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

4-29-02

Date

Daytime Phone #

904
728-4929

CR2E037 (9/01)