

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 # N94000002112 (0)

1. Corporation Name

A CRISIS PREGNANCY CENTER, INCORPORATED

Principal Place of Business

Mailing Address

**303 FAULKNER ST
NEW SMYRNA BEACH FL 32168
US**

**PO BOX 295
NEW SMYRNA BEACH FL 32170
US**



3. Date Incorporated or Qualified

04/25/1994

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3250189

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STARKEY, DAVID R
214 SAMS AVE
NEW SMYRNA BEACH FL 32168**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FITCH, JACK	
STREET ADDRESS	4 CEDAR DUNES DR	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, MERLENE	
STREET ADDRESS	2100 AIR PARK RD	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STURGES, CLARA	
STREET ADDRESS	135 LAKE FAIRGREEN DR	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, J.B.	
STREET ADDRESS	1769 PIONEER TRAIL	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VD
23 STREET ADDRESS	HAUGHWOUT, ROBBIN
24 CITY - ST - ZIP	2204 ROYAL PALM DRIVE
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	EDGEWATER, FL 32141
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President - Jack Fitch

4-17-96

Date:

423-7463

Daytime Phone #

CR2E037 (12/95)