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FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ✓ Secretary of State DIVISION OF CORPORATIONS
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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 285
NEW SMYRNA BEACH FL 32170
US**

3. Date Incorporated or Qualified

04/25/1994

4. FEI Number

59-3250189

Applied For

Not Applicable

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**

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

SHUMAKER, JOYCE

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

303 FAULKNER STREET

83

84 City

NEW SMYRNA BEACH

FL

85 Zip Code

32168

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

Joyce Shumaker - Joyce Shumaker - Director

3-26-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **FITCH, JACK**
STREET ADDRESS **4 CEDAR DUNES DR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **YONTA, EMILIO**
STREET ADDRESS **5968 PELHAM DR.**
CITY-ST-ZIP **PT ORANGE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **PARA, KEVIN**
STREET ADDRESS **214 PALMETTO ST.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **MOLENDYK, CAROL**
3.4 CITY-ST-ZIP **90 AQUA CT
NEW SMYRNA BEACH FL 32168**

TITLE **TD** ☐ DELETE
NAME **WILSON, J.B.**
STREET ADDRESS **1769 PIONEER TRAIL**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

[Handwritten Signature]

CR2E037 (1097)