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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002112

1. Corporation Name

A CRISIS PREGNANCY CENTER, INCORPORATED

Principal Place of Business
303 FAULKNER ST
NEW SMYRNA BEACH FL 32168
US

Mailing Address
PO BOX 295
NEW SMYRNA BEACH FL 32170
US



2. Principal Place of Business

21 600 N. Dixie Frwy.

Suite, Apt. #, etc.

22 City & State

23 New Smyrna Beach, FL

Zip Country

24 32168

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

04/25/1994

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

9. Name and Address of Current Registered Agent

SHUMAKER, JOYCE
303 FAULKNER STREET
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
600 N. Dixie Frwy.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☒ DELETE

TITLE SD
NAME MOLENDYK, CAROL
STREET ADDRESS 90 AQUA CT
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.B. Wilson

4/8/99

428-3443

Date

Daytime Phone #

CR2E037 (11/98)