

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90071 032 ****61.25

DOCUMENT # N94000002112

1. Entity Name

A CRISIS PREGNANCY CENTER, INCORPORATED

Principal Place of Business

600 N DIXIE PKWY
NEW SMYRNA BEACH FL 32168
US

Mailing Address

PO BOX 295
NEW SMYRNA BEACH FL 32170
US

00042013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3250189

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

SHUMAKER, JOYCE
600 N DIXIE FRWY
NEW SMYRNA BEACH FL 32168

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

TITLE PD ☒ Change ☐ Addition
NAME Kevin Para
STREET ADDRESS 214 Palmetto St.
CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE VD ☒ Delete
NAME PARA, KEVIN
STREET ADDRESS 214 PALMETTO
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE VD ☒ Change ☐ Addition
NAME Frank Reynolds
STREET ADDRESS 309 Park Place W.
CITY-ST-ZIP Ormond Beach, FL 32174

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

TITLE SD ☒ Change ☐ Addition
NAME Hans Wolfer
STREET ADDRESS 551 N. Atlantic Ave.
CITY-ST-ZIP New Smyrna Beach, FL 32169

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

TITLE TD ☐ Change ☐ Addition
NAME Jim Wilson
STREET ADDRESS 1769 Pioneer Trail
CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE SD ☐ Delete
NAME HANS, WOLFER
STREET ADDRESS 551 N ATLANTIC AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)