

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000126

FILED
Jan 09, 2006
Secretary of State

Entity Name: PREGNANCY RESOURCE CENTER, INC.

Current Principal Place of Business:

5736 STEWART STREET
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5736 STEWART STREET
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-3286778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALL, STEVE
4109 SNAPPER AVE
MILTON, FL 32583 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/T () Delete
Name: HOFFMAN, H. STEWART
Address: 5478 EASY STREET
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: KENNEL, TOM
Address: 105 CEDAR ST
City-St-Zip: MILTON, FL 32570

Title: CH () Delete
Name: HALL, STEVE
Address: 4109 SNAPPER AVE
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: COBB, JO
Address: 6161 PANTER DR.
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: HUNT, JOEL
Address: 6086 SUNNYRIDGE DR
City-St-Zip: PACE, FL 32571

Title: V/C () Delete
Name: FOUNTAIN, JON DR
Address: 5976 BERRYHILL RD
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR (X) Change () Addition
Name: MATTHEWS, LARRY
Address: 6058 SUNNYRIDGE DRIVE
City-St-Zip: MILTON, FL 32570

Title: MRS (X) Change () Addition
Name: MORGAN, BETTY
Address: 7010 OLD SPANISH TR.
City-St-Zip: MILTON, FL 32583

Title: MRS. (X) Change () Addition
Name: FULLER, MYRNA
Address: 5594 ORIOLE STREET
City-St-Zip: MILTON, FL 32570

Title: MRS. (X) Change () Addition
Name: EGLER, LOUISE
Address: 5124 WESTPORT DR
City-St-Zip: MILTON, FL 32570

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE HALL

MR

01/09/2006

Electronic Signature of Signing Officer or Director

Date