

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 08, 2005
Secretary of State**

DOCUMENT# N9600000533

Entity Name: CARE NET MANASOTA CRISIS PREGNANCY CENTER, INC.

Current Principal Place of Business:

5111 26TH STREET WEST
BRADENTON, FL 34207 US

New Principal Place of Business:

Current Mailing Address:

5111 26TH STREET WEST
BRADENTON, FL 34207 US

New Mailing Address:

FEI Number: 65-0710238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMILTON, W. SCOTT ESQ.
2400 MANATEE AVE., WEST
BRADENTON, FL 34205 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: DVC () Delete
Name: PLUM, GARY
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: DC () Delete
Name: DUNCAN, KELLY
Address: 5911 RIVERVIEW BLVD. W
City-St-Zip: BRADENTON, FL 34209

Title: DS () Delete
Name: STRICHLAND, LESLI
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: DT () Delete
Name: RILEY, STEVE
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: D () Delete
Name: TOOMBS, M. ANDY III
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: D () Delete
Name: WELDY, PARK
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: PLUM, GARY
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: D (X) Change () Addition
Name: FOSTER, JENNIFER
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: DVCS (X) Change () Addition
Name: STRICHLAND, LESLI
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

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

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

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 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 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 RILEY

DT

02/08/2005

Electronic Signature of Signing Officer or Director

Date