## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005533

FILED Jan 30, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 5111 26TH STREET WEST BRADENTON, FL 34207 **Current Mailing Address: New Mailing Address:** 5111 26TH STREET WEST BRADENTON, FL 34207 US FEI Number: 65-0710238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMILTON, W. SCOTT ESQ. 2400 MANATEE AVE., WEST BRADENTON, FL 34205 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ED () Delete (X) Change ( ) Addition MOTT, BARBARA BAUCOM, SHIRLEY Name: Name: 5111 26TH ST W Address: 5111 26TH ST W Address: City-St-Zip: BRADENTON, FL 34207 City-St-Zip: BRADENTON, FL 34207 Title: DVC () Delete Title: BDC (X) Change ( ) Addition MCCOLLUM, TOM Name: MOTT, BARBARA Name: Address: 5111 26TH ST W Address: 5111 26TH ST W City-St-Zip: BRADENTON, FL 34207 City-St-Zip: BRADENTON, FL 34207 Title: () Delete Title: () Change () Addition MONDON, AARON Name: Name: Address: 5111 26TH ST W Address: City-St-Zip: BRADENTON, FL 34207 City-St-Zip: Title: DS ( ) Delete Title: () Change () Addition Name: PRESLAR, LINDA Name: Address: 5111 26TH ST W Address: City-St-Zip: BRADENTON, FL 34207 City-St-Zip: Title: () Delete Title: BVD (X) Change ( ) Addition PARRIS, MIKE Name: Name: BURNETT, LYNN 5111 26TH ST W Address: Address: 5111 26TH ST W City-St-Zip: BRADENTON, FL 34207 City-St-Zip: BRADENTON, FL 34207 Title: () Delete Title: () Change () Addition STURIANO, DON Name: Name: Address: 5111 26TH ST W Address: BRADENTON, FL 34207 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA MOTT BDC 01/30/2008