

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005533

FILED
Jan 05, 2011
Secretary of State

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: ED
Name: BAUCOM, SHIRLEY
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: BDC
Name: MATHEWS, RUTH
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: DT
Name: KNOLL, AARON
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: DS
Name: GATEWOOD, JULIE
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: D
Name: BUCCIARELLI, KAREN
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: D
Name: ZERIS, STEVE
Address: 5111 26TH ST W
City-St-Zip: BRADENTON, FL 34207

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY BAUCOM

ED

01/05/2011

Electronic Signature of Signing Officer or Director

Date