

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005533

FILED  
Jan 18, 2012  
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: KNOLL, ARRON  
Address: 5111 26TH ST W  
City-St-Zip: BRADENTON, FL 34207

Title: DT  
Name: FINNEY, JAMES  
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: DVC  
Name: BUCCIARELLI, KAREN  
Address: 5111 26TH ST W  
City-St-Zip: BRADENTON, FL 34207

Title: D  
Name: BARNES, RAY  
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

E. D

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date