

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000704

FILED
Mar 24, 2010
Secretary of State

Entity Name: LIFE CHOICE CRISIS PREGNANCY CENTER, INC.

Current Principal Place of Business:

10611 TAMIAMI TRAIL N
STE A-4
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

10611 TAMIAMI TRAIL N
STE A-4
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-3427729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUETT, DEANNA
6963 VERDE WAY
NAPLES, FL 34108 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: D
Name: CASE, CINDY
Address: 710 CLAREDON COURT
City-St-Zip: NAPLES, FL 34109

Title: D
Name: PRUETT, DEANNA
Address: 6963 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: D
Name: EISEL, TRUDY
Address: 5256 CORAL WOOD DRIVE
City-St-Zip: NAPLES, FL 34119

Title: D
Name: HEMPEN, MARK
Address: 28691 SPRING TIDE CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: IVEY, ROSA
Address: 120 LOGAN BLVD S.
City-St-Zip: NAPLES, FL 34119

Title: D
Name: HEIM, MARY LEE
Address: 1741 SUPREME CT
City-St-Zip: NAPLES, FL 34110

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: JULIETTE LYSIAK

DO

03/24/2010

Electronic Signature of Signing Officer or Director

Date