

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006801

FILED
Jan 26, 2005
Secretary of State

Entity Name: SANFORD CRISIS PREGNANCY CENTER, INC.

Current Principal Place of Business:

1002 FRENCH AVE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

1002 FRENCH AVE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-3458060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINGHAM, CAROLYN
101 E CRYSTAL VIEW
SANFORD, FL 32773 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: PTR () Delete
Name: KRAZEISE, ANDREA
Address: 109 ROSS LAKE LN
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: SELLERS, JUDY
Address: 431 VIHLEN RD.
City-St-Zip: SANFORD, FL 32771

Title: TR () Delete
Name: JONES, NANCY
Address: 133 ESTATES CIR.
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: STORMS, BECKY
Address: 104 CASPIAN
City-St-Zip: SANFORD, FL 32773

Title: VTR () Delete
Name: KRAZEISE, DAVID
Address: 109 ROSS LAKE LN
City-St-Zip: SANFORD, FL 32771

Title: TR () Delete
Name: GREEN, KAYE
Address: 2515 SILK BAY PLACE
City-St-Zip: LONGWOOD, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: TR (X) Change () Addition
Name: WHITTEN, DONALD
Address: 129 MAYFAIR CIR
City-St-Zip: SANFORD, FL 32771

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: ANDREA KRAZEISE

PTR

01/26/2005

Electronic Signature of Signing Officer or Director

Date