

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003411

FILED
Jan 10, 2005
Secretary of State

Entity Name: CRESTVIEW PREGNANCY CENTER, INC.

Current Principal Place of Business:

897 MAPOLES ST.
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

P O BOX 1103
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3517500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRIGAN, SUE A DIRECTO
2238 TITANIUM DR
CRESTVIEW, FL 32536 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: C () Delete
Name: BARBERREE, CAROL
Address: 5380 MONTERREY RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: MARTIN III, BEN
Address: 388 HOSPITAL DR
City-St-Zip: CRESTVIEW, FL 32539

Title: MD () Delete
Name: CARRIGAN, SUE A
Address: 2238 TITANIUM DR
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: HOWARD, DON
Address: 5383 HILLCREST RD
City-St-Zip: CRESTVIEW, FL 32539

Title: T () Delete
Name: DONNA, HOWARD
Address: 5383 HILLCREST RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: S () Delete
Name: ENGLISH, CHRISTY
Address: 2530 TAYLOR RD.
City-St-Zip: CRESTVIEW, FL 32536

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
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Address:
City-St-Zip:

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

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

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: SUE CARRIGAN

DIR

01/10/2005

Electronic Signature of Signing Officer or Director

Date