

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003584

FILED
Mar 12, 2012
Secretary of State

Entity Name: OPTIONS FOR WOMEN PREGNANCY HELP CLINIC, INC.

Current Principal Place of Business:

4435 FLORIDA NATIONAL DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

4435 FLORIDA NATIONAL DRIVE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3521722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTHERFORD, MARY C ED
4435 FLORIDA NATIONAL DRIVE
LAKELAND, FL 33813 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: O
Name: MARSHALL, ALBERT P
Address: P.O. BOX 1526
City-St-Zip: LAKELAND, FL 338021526

Title: O
Name: REED, SCOTT
Address: 516 FINNEY STREET
City-St-Zip: LAKELAND, FL 33803

Title: PRES
Name: VANDER POEL, FRAN
Address: 5136 ATHENIA DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: ED
Name: RUTHERFORD, MARY C
Address: 912 HEATHERCREST
City-St-Zip: LAKELAND, FL 33813

Title: SEC
Name: CARRIER, LESLEY DR.
Address: 2320 JONILA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: TREA
Name: STAMBONE, CARMEN
Address: 123 CHRISTINA BOULEVARD
City-St-Zip: LAKELAND, FL 33813

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: MARY C. RUTHERFORD

ED

03/12/2012

Electronic Signature of Signing Officer or Director

Date