

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90085 019 ****61.25

DOCUMENT # N99000000007

1. Entity Name
 Alpha Pregnancy Center of Palm Coast, Inc.

Principal Place of Business Mailing Address
 29 Old Kings Road, N. 29 Old Kings Road, N.
 Palm Coast, FL 32137 Palm Coast, FL 32137

AU038282

2. Principal Place of Business 3. Mailing Address
 29 Old Kings Road, N. Same

Suite, Apt. #, etc. Suite, Apt. #, etc.
 2-A

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
 Palm Coast, FL 59-3559606 Not Applicable


Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
 32137 USA \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
 Donald W. Duncan, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 25-B Florida Park Drive
 City Palm Coast, FL FL Zip 32137

8. 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  Donald W. Duncan, P.A. DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Dir Jennifer Bartlett 21 Fernwood Lane Palm Coast, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Dir Betty Perch 18 Eastmoor Drive Palm Coast, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres/Dir Wolfgang Seibler 14 Winterling Pl Palm Coast, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Maureen Seibler 14 Winterling Pl. Palm Coast, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maureen Seibler Maureen Seibler 4/7/00 904-445-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)