

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

0009420

**DOCUMENT # N99000000007**

1. Entity Name

**ALPHA PREGNANCY CENTER OF PALM COAST, INC.**

01-20-2001 90006 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**29 OLD KINGS RD NORTH  
 2-A  
 PALM COAST FL 32137  
 US**

**29 OLD KINGS RD NORTH  
 2-A  
 PALM COAST FL 32137  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3559606**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNCAN, DONALD W  
 25-B FLORIDA PARK DR  
 PALM COAST FL 32137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

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  Delete  
 NAME **SD PERCH, BETTY**  
 STREET ADDRESS **18 EASTMOOR DR**  
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD SEIBLER, WOLFGANG**  
 STREET ADDRESS **14 WINTERLING PL**  
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T SEIBLER, MAUREEN**  
 STREET ADDRESS **14 WINTERLING PL**  
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD BARTLETT, JENNIFER**  
 STREET ADDRESS **21 FERNWOOD LANE**  
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Signature Required* Director

Date

1/10/01 904-446-8803

Daytime Phone #

CR2E037 (10/00)