

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2005
Secretary of State**

DOCUMENT# N99000000007

Entity Name: ALPHA PREGNANCY CENTER OF PALM COAST, INC.

Current Principal Place of Business:

2285 E. HIGHWAY 100,
105
BUNNELL, FL 32110 US

New Principal Place of Business:

2334 E. HIGHWAY 100,
BUILDING 5
BUNNELL, FL 32110 US

Current Mailing Address:

2285 E. HIGHWAY 100
105
BUNNELL, FL 32110 US

New Mailing Address:

P.O. BOX 351748
PALM COAST, FL 32137 US

FEI Number: 59-3559606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNCAN, DONALD W
25-B FLORIDA PARK DR
PALM COAST, FL 32137 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: T () Delete
Name: MCKAY, JEFFREY
Address: 2 FIRTREE LANE
City-St-Zip: PALM COAST, FL 32137

Title: PD () Delete
Name: MCKAY, LUJUANA
Address: 2 FIRTREE LANE
City-St-Zip: PALM COAST, FL 32137

Title: VD () Delete
Name: CALDER, MARIA
Address: 41 FOSTER LANE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: EICH, VICKIE A
Address: 90 ROLLING SANDS DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: EICH, HARRY T
Address: 90 ROLLING SANDS DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: LAMPE, BRUCE
Address: 18 WINCHESTER ROAD
City-St-Zip: ORMOND BEACH, FL 32174

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: LUJUANA MCKAY

PD

02/09/2005

Electronic Signature of Signing Officer or Director

Date