

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000007

FILED  
Jan 08, 2008  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

MCKAY, LAJUANA  
2 FIRTREE LANE  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

ALPHA PREGNANCY CENTER  
2334 E. HWY 100  
BUILDING 5  
BUNNELL, FL 32110 US

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: LAJUANA MCKAY      01/08/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D ( ) Delete  
Name: TOOMALATAI, DIANA L  
Address: 26 RED CLOVER LANE  
City-St-Zip: PALM COAST, FL 32164

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

Title: P ( ) Delete  
Name: LAMPE, BRUCE  
Address: 18 WINCHESTER ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DIANA TOOMALATAI      D      01/08/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date