

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000007

FILED
Feb 06, 2012
Secretary of State

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

Current Principal Place of Business:

4751 E. MOODY BLVD
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:

ALPHA PREGNANCY CENTER
4751 E. MOODY BLVD
BUILDING 5
BUNNELL, FL 32110 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: B
Name: DAMEWOOD, KEN
Address: 6 RAINER PLACE
City-St-Zip: PALM COAST, FL 32164

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

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

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

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

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

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: DIANA TOOMALATAI

D

02/06/2012

Electronic Signature of Signing Officer or Director

_____ Date