

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006200

Entity Name: THE WAKULLA PREGNANCY CENTER, INC.

Current Principal Place of Business:

94 COTTONWOOD ST
CRAWFORDVILLE, FL 32327

Current Mailing Address:

POST OFFICE BOX 1121
CRAWFORDVILLE, FL 32326

FEI Number: 20-5189403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PILKINTON, PAMELA
94 COTTONWOOD ST
CRAWFORDVILLE, FL 32327 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: PAMELA PILKINTON

02/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name PILKINTON, PAMELA
Address 160 SHADOW OAK CIR
City-State-Zip: CRAWFORDVILLE FL 32327

Title TREASURER
Name CURLEE, DIANE
Address 94 COTTONWOOD ST
City-State-Zip: CRAWFORDVILLE FL 32327

Title CHAIRMAN
Name CARRAWAY, CHARLIE
Address 94 COTTONWOOD ST
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name MIKE, JENKINS
Address 94 COTTONWOOD ST
City-State-Zip: CRAWFORDVILLE FL 32327

Title SECRETARY
Name TIFFANY, CONN
Address 94 COTTONWOOD ST
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name MCMANUS, LEAH
Address 94 COTTONWOOD ST
City-State-Zip: CRAWFORDVILLE FL 32327

Title VC
Name MCDONALD, BRANDON
Address 94 COTTONWOOD ST
City-State-Zip: CRAWFORDVILLE FL 32327

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: PAMELA PILKINTON

EXECUTIVE DIRECTOR

02/24/2025

Electronic Signature of Signing Officer/Director Detail

Date