2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006200

Entity Name: THE WAKULLA PREGNANCY CENTER, INC.

FILED Feb 22, 2016 Secretary of State CC4936888204

Current Principal Place of Business:

886 WOODVILLE HWY 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:

CHATHAM, ANGELA B 32 DUCK POND DRIVE 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: ANGELA CHATHAM 02/22/2016

Electronic Signature of Registered Agent

Date

Date

Officer/Director Detail:

TitleDIRECTORTitleTREASURERNameCONN, TIFFANY WNameSMITH, CAROLYNAddress2724 JUNCTURE DRAddress90 FOX RUN CIRCLE

City-State-Zip: TALLAHASSEE FL 32305 City-State-Zip: CRAWFORDVILLE FL 32327

Title VP Title D

NameTAYLOR, BRUCENameCOHEA, JONATHANAddress200 FRIENDSHIP CHURCH ROADAddress8261 GREENMONT AVECity-State-Zip:CRAWFORDVILLE FL 32327City-State-Zip:TALLAHASSEE FL 32317

Title DIRECTOR

Name PARKS, RICHARD
Address 219 MAGNOLIA RIDGE

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: CAROLYN SMITH TREASURER 02/22/2016