2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006200

Entity Name: THE WAKULLA PREGNANCY CENTER, INC.

FILED
Mar 06, 2014
Secretary of State
CC7538766402

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:

HOLSHOUSER, 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

NameCROSBY, PAULANameCONN, TIFFANY WAddressPOST OFFICE BOX 1121Address2724 JUNCTURE DR

City-State-Zip: CRAWFORDVILLE FL 32326 City-State-Zip: TALLAHASSEE FL 32305

Title TREASURER Title VP

Name SMITH, CAROLYN Name TAYLOR, BRUCE

Address 90 FOX RUN CIRCLE Address 200 FRIENDSHIP CHURCH ROAD

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

Title D

Name COHEA, JONATHAN
Address 8261 GREENMONT AVE
City-State-Zip: TALLAHASSEE FL 32317

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 F. SMITH TREASURER 03/06/2014