

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06836

Entity Name: A WOMEN'S PREGNANCY CENTER, INC.**Current Principal Place of Business:**919 WEST PENSACOLA
TALLAHASSEE, FL 32304**Current Mailing Address:**919 WEST PENSACOLA
TALLAHASSEE, FL 32304 US**FEI Number:** 59-2632869**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, JAMIE
919 WEST PENSACOLA
TALLAHASSEE, FL 32304 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	P
Name	HENDRIX, JERRY MR.
Address	2329 KILLARNEY WAY
City-State-Zip:	TALLAHASSEE FL 32309

Title	TREASURER
Name	THOMSON, FRED
Address	812 GREENBRIER LANE
City-State-Zip:	TALLAHASSEE FL 32308

Title	VP
Name	BELL, W. DOYLE
Address	1941 HARRIET DR
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	WINCHESTER, MARCUS
Address	7002 DUCK COVE ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	O
Name	BROWN, JAMIE
Address	7685 BUCK LAKE ROAD
City-State-Zip:	TALLAHASSEE FL 32317

Title	S
Name	EMHOF, DR. LES
Address	5250 OCHLOCKNEE RD
City-State-Zip:	TALLAHASSEE FL

Title	D
Name	PATTY, JENNIFER
Address	3643 UNCLE GLOVER ROAD
City-State-Zip:	TALLAHASSEE FL 32312

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: JAMIE BROWN**EXECUTIVE DIRECTOR****06/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date