

**2020 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 OFFICER  
Name HARLE, DENISE MAYO  
Address 919 2032 WEDGEWOOD DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

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

Title DIRECTOR  
Name GILBERT, PAUL  
Address 5229 GREYSTOKE ROAD  
City-State-Zip: TALLAHASSEE FL 32309

**Continues on page 2**

*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:** JAYE VANTURE**DIRECTOR OF  
OPERATIONS****02/04/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

|                 |                       |
|-----------------|-----------------------|
| Title           | OFFICER               |
| Name            | VANTURE, JAYE BRANNEN |
| Address         | 2105 LA ROCHELLE DR.  |
| City-State-Zip: | TALLAHASSEE FL 32308  |