

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000000721

**Entity Name:** FIONA JACKSON CENTER FOR PREGNANCY INC.

**Current Principal Place of Business:**

1450 DANIELS RD  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

P O BOX 392  
CLARCON, FL 32710 UN

**FEI Number: 83-3787904**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FORD, BELINDA D  
2550 CITRUS TOWER BOULEVARD  
10-10201  
CLERMONT, FL 34711 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	Title	VP1
Name	FORD, BELINDA	Name	ALBERT, SYDIAMOND
Address	P O BOX 392	Address	P O BOX 392
City-State-Zip:	CLARCONA FL 32710	City-State-Zip:	CLARCONA FL 32710

*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: BELINDA FORD**

**PRESIDENT**

**04/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date