

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000000842

**Entity Name:** SUPPORT AFTER ABORTION, INC.

**Current Principal Place of Business:**

2528 HOBBLEBRUSH DR  
NORTH PORT, FL 34289

**Current Mailing Address:**

2528 HOBBLEBRUSH DR  
NORTH PORT, FL 34289 US

**FEI Number: 84-4263373**

**Certificate of Status Desired: Yes**

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

ROWE, LISA  
2528 HOBBLEBRUSH DR  
NORTH PORT, FL 34289 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            PRES  
Name            MARRONE, JANINE D  
Address        470 N. RIVER RD  
City-State-Zip: VENICE FL 34293

Title            SEC  
Name            ROCA, MARY COLLEEN  
Address        1345 PINEBROOK WAY  
City-State-Zip: VENICE FL 34285

Title            DIR  
Name            KANE, JOAN  
Address        5139 RIVERWOODS LANE  
City-State-Zip: GODFREY IL 62035

Title            DIR  
Name            MINTER, ANGELA  
Address        1143 S. 6TH ST  
City-State-Zip: LOUISVILLE KY 40203

Title            DIR  
Name            LITTLE, MARC  
Address        1317 S. ST NW #900  
City-State-Zip: WASHINGTON DC 20009

Title            DIR  
Name            MONAHAN, SHAWN  
Address        2528 HOBBLEBRUSH DR  
City-State-Zip: NORTH PORT FL 34289

Title            T  
Name            POPHAM, ERIK  
Address        830 N. RIVER RD  
City-State-Zip: VENICE FL 34293

*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: JANINE D. MARRONE**

**PRESIDENT**

**01/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date