

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47015

Entity Name: PREGNANCY CARE CENTER OF PLANT CITY, INC.**Current Principal Place of Business:**304 NORTH COLLINS STREET
PLANT CITY, FL 33563**Current Mailing Address:**304 NORTH COLLINS STREET
PLANT CITY, FL 33563 US**FEI Number:** 59-3139161**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NELSON, SANDI
304 N. COLLINS STREET
PLANT CITY, FL 33563 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:** SANDI NELSON

01/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name NELSON, SANDI
Address 4632 KEENE RD
City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR
Name YARBROUGH, MARK
Address 3318 SAM ALLEN OAKS CIRCLE
City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR
Name WITCHOSKEY, MIKE
Address 4918 W SAM ALLEN RD
City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR
Name YARBROUGH, LORI
Address 3318 SAM ALLEN OAKS CIRCLE
City-State-Zip: PLANT CITY FL 33565

Title SECRETARY
Name VENNING, KEITH
Address 2201 PARKVIEW DR
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR
Name WITCHOSKEY, JANET
Address 4918 W. SAM ALLEN RD.
City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR
Name RAMOS-CROWELL, LIZAIDA
Address 4614 W. KNIGHTS GRIFFIN RD.
City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR
Name FOXX, VERONICA
Address 3622 TRAPNELL RIDGE DR.
City-State-Zip: PLANT CITY FL 33567

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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: SANDI NELSON

EXECUTIVE DIRECTOR

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIRMAN
Name HAM, TONY
Address 4712 KEENE RD
City-State-Zip: PLANT CITY FL 33565

Title TREASURER
Name FRANKLIN, ROBERT
Address 1501 W. KNIGHTS GRIFFIN RD.
City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR
Name CHUCK, VAN OOSTEN
Address 2723 HORSESHOE DRIVE
City-State-Zip: PLANT CITY FL 33566

Title VC
Name LAWSON, LINDA
Address 5302 FULWOOD DR
City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR
Name DAWN, REDMON
Address 2920 FOREST HAMMOCK DR.
City-State-Zip: PLANT CITY FL 33566

Title DIRECTOR
Name DARLENE, FRANKLIN
Address 1501 W. KNIGHTS GRIFFIN RD.
City-State-Zip: PLANT CITY FL 33565