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**Feb 25 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N23193 (8)**

1. Corporation Name

**A NEW CREATION PREGNANCY CENTER, INC.**



Principal Place of Business

Mailing Address

801 S. FLORIDA AVE.  
LAKELAND FL 33801

801 S. FLORIDA AVE.  
LAKELAND FL 33801-5242

3. Date Incorporated or Qualified  
**10/27/1987**

3a. Date of Last Report  
**04/17/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-2853796**

Applied For  
 Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELCH, JAMES S.  
219 S. TENNESSEE  
LAKELAND FL 33801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1404 SOUTH FLORIDA AVE**

83

84 City

FL 85 Zip Code  
**33813**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
NAME **MCBRIDE, SCOTT**  
STREET ADDRESS **1738 CLARENDON PL**  
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE **President**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DST**  DELETE  
NAME **URBAN, BRENDA**  
STREET ADDRESS **1530 BROKEN ARROW TR. N.**  
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **P**  DELETE  
NAME **BARRETT, TURPIN**  
STREET ADDRESS **2926 FORESTBROOK DRIVE E.**  
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE **Director**  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **COE, TERRY**  
STREET ADDRESS **6121 DONEGAL DR. E.**  
CITY-ST-ZIP **LAKELAND FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **BERNARD Keen**  DELETE  
NAME **BERNARD Keen**  
STREET ADDRESS **1018 Audubon Dr**  
CITY-ST-ZIP **Lakeland, FL. 33809**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **DIRECTOR**  DELETE  
NAME **JAY DENNIS**  
STREET ADDRESS **1129 Sagar tree lane. N**  
CITY-ST-ZIP **Lakeland, FL. 33813**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Brenda Urban** **Brenda S. Urban** **2/6/97** **941 858 5355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052400

CR2E037 (9/96)