

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23193 (8)
1. Corporation Name
A NEW CREATION PREGNANCY CENTER, INC.



Principal Place of Business 801 S. FLORIDA AVE. LAKELAND FL 33801	Mailing Address 801 S. FLORIDA AVE. LAKELAND FL 33801
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3. Date Incorporated or Qualified 10/27/1987	
4. FEI Number 59-2853796	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1231 E. Orange Street Suite, Apt. #, etc. 22 City & State 23 Lakeland, Florida Zip 24 33801	2a. Mailing Address 26 1231 E. Orange Street Suite, Apt. #, etc. 27 City & State 28 Lakeland, Florida Zip 29 33801 Country 30 Polk
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WELCH, JAMES S.
4404 SOUTH FLORIDA AVE
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	MCBRIDE, SCOTT 1738 CLARENDON PL LAKELAND FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Director
TITLE DST	URBAN, BRENDA 1530 BROKEN ARROW TR. N. LAKELAND FL	<input checked="" type="checkbox"/> DELETE	1.2 NAME William G. Middleton
TITLE D	BARRETT, TURPIN 2926 FORESTBROOK DRIVE E. LAKELAND FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 1665 Sterling Drive
TITLE D	KEEN, GERALD 1018 AUDUBON DR LAKELAND FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Lakeland, Florida 33813
TITLE D	DENNIS, JAY 1129 SUGAR TREE LANE N LAKELAND FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Secretary-Treasurer
TITLE		<input type="checkbox"/> DELETE	2.2 NAME Glenda B. Hill
TITLE		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 1034 Colony Park Drive
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP Lakeland, Florida 33813
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
TITLE		<input type="checkbox"/> DELETE	3.2 NAME
TITLE		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE President
TITLE		<input type="checkbox"/> DELETE	4.2 NAME
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
TITLE		<input type="checkbox"/> DELETE	5.2 NAME
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
TITLE		<input type="checkbox"/> DELETE	6.2 NAME
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME William G. Middleton	
1.3 STREET ADDRESS 1665 Sterling Drive	
1.4 CITY-ST-ZIP Lakeland, Florida 33813	
2.1 TITLE Secretary-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Glenda B. Hill	
2.3 STREET ADDRESS 1034 Colony Park Drive	
2.4 CITY-ST-ZIP Lakeland, Florida 33813	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Gerald Keen** *Gerald Keen - 3/19/98 486-8754x6310*

CR2E037 (10/97)