

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

DIVISION OF CORPORATIONS

1996-1796

3807  
(8)

C

DOCUMENT # N23193

1. Corporation Name

A NEW CREATION PREGNANCY CENTER, INC.

Principal Place of Business

Mailing Address

801 S. FLORIDA AVE.  
LAKELAND FL 33801

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LAKELAND FL 33801



3. Date Incorporated or Qualified

10/27/1987

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2853796

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

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)

83

84 City

FL

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

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  
NAME MCBRIDE, SCOTT  
STREET ADDRESS 1738 CLARENDON PL  
CITY-ST-ZIP LAKELAND FL

☐ DELETE

TITLE D  
NAME BAKER, DAVID  
STREET ADDRESS 4905 HIDDEN HILLS DRIVE  
CITY-ST-ZIP LAKELAND FL

☒ DELETE

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

☐ DELETE

TITLE D  
NAME VALENTI, JAMES  
STREET ADDRESS 1165 COLONY ARMS DRIVE  
CITY-ST-ZIP LAKELAND FL

☒ DELETE

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

☐ DELETE

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

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Change

☐ Addition

☐ Change

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☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 S. Urban  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

Date

(941) 647-9171

Daytime Phone #

CR2E037 (12/95)