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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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

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

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

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

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

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

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

TITLE
NAME KEEN
STREET ADDRESS 1018 Audubon Dr
CITY-ST-ZIP Lakeland, FL. 33809

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

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

6.1 TITLE
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/6/97
Daytime Phone 941 858 0355

CR2E037 (9/96)