

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 Mailing Address
801 S. FLORIDA AVE.
LAKELAND FL 33801

3. Date Incorporated or Qualified
10/27/1987
4. FEI Number
59-2853796
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1231 E. Orange Street** 26 **1231 E. Orange Street**
Suite, Apt. #, etc.
22 27
City & State City & State
23 **Lakeland, Florida** 28 **Lakeland, Florida**
Zip Country Zip Country
24 **33801** 25 **Polk** 29 **33801** 30 **Polk**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELCH, JAMES S.
4404 SOUTH FLORIDA AVE
LAKELAND FL 33813

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

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCBRIDE, SCOTT	
STREET ADDRESS	1738 CLARENDON PL.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	URBAN, BRENDA	
STREET ADDRESS	1530 BROKEN ARROW TR. N.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRETT, TURPIN	
STREET ADDRESS	2926 FORESTBROOK DRIVE E.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEEN, GERALD	
STREET ADDRESS	1018 AUDUBON DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DENNIS, JAY	
STREET ADDRESS	1129 SUGAR TREE LANE N	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William G. Middleton	
1.3 STREET ADDRESS	1605 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** **3/14/98** **486-8754 (x6310)**

CR2E037 (10/97)