

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90026 035 \*\*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                  |                                                                      |                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N23193</b><br>1. Entity Name<br><b>A NEW CREATION PREGNANCY CENTER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                  |                                                                      |                                                         |  |
| Principal Place of Business<br><b>1231 E ORANGE ST<br/>LAKELAND, FL 33801 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                                  | Mailing Address<br><b>1231 E ORANGE ST<br/>LAKELAND, FL 33801 US</b> |                                                                                                                                          |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |                                                                      |                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  | City & State                                                                     |                                                                      | 01062004 Chg-NP CR2E037 (10/03)                                                                                                          |  |
| Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  | Zip Country                                                                      |                                                                      | 4. FEI Number<br><b>59-2853796</b>                                                                                                       |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                  |                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KIRKLAND, JOHN E<br/>1405 BARTOW ROAD<br/>LAKELAND, FL 33802</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                  |                                                                      | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |                                                                                  |                                                                      |                                                                                                                                          |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                                  |                                                                      |                                                                                                                                          |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                      | <b>\$5.00 May Be Added to Fees</b>                                                                                                       |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                  |                                                                      |                                                                                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>MIDDLETON, WILLIAM G<br/>1605 STERLING DRIVE<br/>LAKELAND, FL 33813</b> | <input type="checkbox"/> Delete                                                  |                                                                      |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>JOHNSON, HENRIETTA J<br/>824 SUGAR PLACE<br/>LAKELAND, FL 33801</b>     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                      |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DST<br/>ORTIZ, JOSE<br/>1611 STEPHANIE LANE<br/>LAKELAND, FL 33813</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                      |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DP<br/>BOOTH, JAMES SR<br/>407 WINDSOR STREET<br/>LAKELAND, FL 33803</b>      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                      |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>MD<br/>SMITH, DIANE E<br/>1135 COLONY ARMS DRIVE<br/>LAKELAND, FL 33813</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                      |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |                                                                      |                                                                                                                                          |  |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                  | <b>D<br/>Edwards, Jimmy R.<br/>4010 Sugar Creek Lane<br/>Lakeland, FL 33811</b>  |                                                                      |                                                                                                                                          |  |
| <b>SIGNATURE: Diane E. Smith / Diane E. Smith</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                  |                                                                      |                                                                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                  |                                                                      |                                                                                                                                          |  |
| Date <b>3-18-04</b> Daytime Phone # <b>(863)683-2341</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                  |                                                                      |                                                                                                                                          |  |

See  
2nd  
Sheet

Attachments N23A3

540203/6

| 10. Con't. | Officers + Directors | 11. Con't.                                 | Additions/Changes                                                                                                                                                                                                                     |
|------------|----------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                      | Title<br>Name<br>St. Address<br>City-St-Zp | <div data-bbox="1198 296 1495 338"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> <div data-bbox="906 327 1344 474">D<br/>Garnett, Bernard E.<br/>311 W. Maxwell St.<br/>Lakeland, FL 33803</div> |

DEL  
3-18-04