

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90240 012 ****70.00

DOCUMENT # N23193

1. Entity Name
A NEW CREATION PREGNANCY CENTER, INC.



Principal Place of Business
**1231 E ORANGE ST
LAKELAND, FL 33801 US**

Mailing Address
**1231 E ORANGE ST
LAKELAND, FL 33801 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2853796

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRKLAND, JOHN E
1405 BARTOW ROAD
LAKELAND, FL 33802**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MIDDLETON, WILLIAM G**
STREET ADDRESS **1605 STERLING DRIVE**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **JOHNSON, HENRIETTA J**
STREET ADDRESS **824 SUGAR PLACE**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **O'Harrow, William**
STREET ADDRESS **4430 Vinson Road**
CITY-ST-ZIP **Lakeland, FL 33809**

TITLE **DST** ☐ Delete
NAME **ORTIZ, JOSE**
STREET ADDRESS **1611 STEPHANIE LANE**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Ortiz, Jose**
STREET ADDRESS **Same**
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **BOOTH, JAMES SR**
STREET ADDRESS **407 WINDSOR STREET**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **D** ☒ Change ☐ Addition
NAME **Booth, James Jr.**
STREET ADDRESS **6760 Lake Clark Dr.**
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **MD** ☐ Delete
NAME **SMITH, DIANE E**
STREET ADDRESS **1135 COLONY ARMS DRIVE**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **Same** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EDWARDS, JIMMY R**
STREET ADDRESS **4010 SUGAR CREEK LANE**
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE **V/D** ☒ Change ☐ Addition
NAME **Edwards, Jimmy R.**
STREET ADDRESS **6770 Lake Clark Dr.**
CITY-ST-ZIP **Lakeland, FL 33813**

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.

SIGNATURE: *Diane E. Smith*

Diane E. Smith, Exec. Dir. 4-21-05 (863) 683-2341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Con't.

ATTACHMENT # N23193 / 20044139

10. Con't. Officers + Directors			11. Con't. Additions/Changes	
Title	ID	☒ Delete		
Name	Garnett, Bernard E.			
Street Address	311 W. Maxwell Street			
City/St.	Lakeland, FL 33803			

Diane E. Smith / Diane E. Smith, Exec. Dir. 4-21-05 pl(863)683-2341
 A New Creation Pregnancy Center
 1231 E. Orange St.
 Lakeland, FL 33801