

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90055 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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2853796**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **John E. Kirkland**
Street Address (P.O. Box Number is Not Acceptable)
1905 Barlow Road
City **Lakeland** FL Zip Code **33802**

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

4-9-03

FILE NOW FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	MIDDLETON, WILLIAM G	
STREET ADDRESS	1605 STERLING DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HILL, GLENDA B.	
STREET ADDRESS	1034 COLONY PARK DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, HENRIETTA J	
STREET ADDRESS	824 SUGAR PLACE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIZ, JOSE	
STREET ADDRESS	1611 STEPHANIE LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOOTH, JAMES SR	
STREET ADDRESS	407 WINDSOR STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SMITH, DIANE E	
STREET ADDRESS	1135 COLONY ARMS DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

James P. Booth REQUIRED

4-9-03 (863) 688-4957

CR2E037 (10/02)