

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candice D. Northington
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**
95 MAR 15 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23193 (8)
1. Corporation Name
A NEW CREATION PREGNANCY CENTER, INC.

Principal Place of Business Mailing Address
801 S. FLORIDA AVE. 801 S. FLORIDA AVE.
LAKELAND FL 33801 LAKELAND FL 33801

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 3a. Date of Last Report
10/27/1987 04/15/1994
4. FEI Number Applied For
59-2853796 Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WELCH, JAMES S.
219 S. TENNESSEE
LAKELAND FL 33801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME BAYWELL, BETH
STREET ADDRESS 5118 SHEFFIELD RD Delite
CITY-ST-ZIP LAKELAND FL
TITLE D
NAME BAKER, DAVID
STREET ADDRESS 4905 HIDDEN HILLS DRIVE
CITY-ST-ZIP LAKELAND FL
TITLE DST
NAME URBAN, BRENDA
STREET ADDRESS 425 BELMAR ST new address ->
CITY-ST-ZIP LAKELAND FL
TITLE D
NAME VALENTI, JAMES
STREET ADDRESS 1185 COLONY ARMS DRIVE Delite
CITY-ST-ZIP LAKELAND FL
TITLE D
NAME TURPIN, BRUCE H misspelled ->
STREET ADDRESS 2926 FORSTBROOK DRIVE, E
CITY-ST-ZIP LAKELAND FL 33811

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE DIRECTOR Change Addition
1.2 NAME SCOTT MCBRIDE (MCBRIDE, SCOTT)
1.3 STREET ADDRESS 1738 CLARENDOON PL.
1.4 CITY-ST-ZIP LAKELAND, FL 33803
2.1 TITLE DIRECTOR Change Addition
2.2 NAME TERRY COE (COE, TERRY)
2.3 STREET ADDRESS 6121 DONEGAL DR. E.
2.4 CITY-ST-ZIP LAKELAND, FL 33813
3.1 TITLE DIRECTOR SECRETARY TREAS. Change Addition
3.2 NAME URBAN, BRENDA
3.3 STREET ADDRESS 1530 TROKED ARROW TR. N.
3.4 CITY-ST-ZIP LAKELAND, FL 33813
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE PRESIDENT Change Addition
5.2 NAME BARRETT, TURPIN
5.3 STREET ADDRESS 2926 FOREST BROOK DRIVE, E.
5.4 CITY-ST-ZIP LAKELAND, FL 33811
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brenda S. Urban Brenda S. URBAN 3-10-95 (P13) 647,9171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #