

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 31 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>801 S. FLORIDA AVE. LAKELAND FL 33801</b>	Mailing Address <b>801 S. FLORIDA AVE. LAKELAND FL 33801</b>
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3. Date Incorporated or Qualified  
**10/27/1987**

4. FEI Number  
**59-2853796**

Applied For	Not Applicable
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2. Principal Place of Business 21 <b>1231 E. Orange Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Lakeland, Florida</b> Zip 24 <b>33801</b>	2a. Mailing Address 26 <b>1231 E. Orange Street</b> Suite, Apt. #, etc. 27 City & State 28 <b>Lakeland, Florida</b> Zip 29 <b>33801</b> Country 30 <b>Polk</b>
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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  
**WELCH, JAMES S.  
4404 SOUTH FLORIDA AVE  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>William G. Middleton</b>	
1.3 STREET ADDRESS	<b>1665 Sterling Drive</b>	
1.4 CITY-ST-ZIP	<b>Lakeland, Florida 33813</b>	
2.1 TITLE	<b>Secretary-Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Glenda B. Hill</b>	
2.3 STREET ADDRESS	<b>1034 Colony Park Drive</b>	
2.4 CITY-ST-ZIP	<b>Lakeland, Florida 33813</b>	
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	<b>President</b>	<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** *Gerald Keen - 3/19/98 486-8754x6310*

CR2E037 (10/97)