

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90130 018 ****70.00

DOCUMENT # N23193

1. Entity Name

A NEW CREATION PREGNANCY CENTER, INC.

Principal Place of Business

Mailing Address

1231 E ORANGE ST
 LAKELAND FL 33801
 US

1231 E ORANGE ST
 LAKELAND FL 33801-5762
 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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D ANDREWS, RICHARD J**
 STREET ADDRESS **4917 IRONWOOD TR**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE Change Addition
 NAME **D Middleton, William G.**
 STREET ADDRESS **1605 Sterling Drive**
 CITY-ST-ZIP **Lakeland, Florida 33813**

TITLE Delete
 NAME **ST HILL, GLENDA B.**
 STREET ADDRESS **1034 COLONY PARK DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE Change Addition
 NAME **D Johnson, Henrietta J.**
 STREET ADDRESS **824 Sugar Place**
 CITY-ST-ZIP **Lakeland, Florida 33801**

TITLE Delete
 NAME **D BARRETT, TURPIN**
 STREET ADDRESS **2926 FORESTBROOK DRIVE E.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P KEEN, GERALD**
 STREET ADDRESS **1018 AUDUBON DR**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00
 Date

863-682-0163
 Daytime Phone #

CR2E037 (9/99)